Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueCare PPO PLUS

Policy Forms: 17-184

Deductible				
In-Network	$500		$500	
Out-of-Network	$1,000		$1,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$1,255.91	$1,255.91	$1,207.54	$1,207.54
2-12	$422.75	$422.75	$406.57	$406.57
13-17	$422.75	$654.18	$406.57	$629.05
18-24	$422.75	$654.18	$406.57	$629.05
25-29	$512.84	$842.55	$493.20	$810.06
30-34	$575.60	$983.94	$553.46	$945.99
35-39	$693.84	$1,180.03	$667.19	$1,134.58
40-44	$831.83	$1,352.04	$799.71	$1,300.03
45-49	$1,106.02	$1,557.51	$1,063.38	$1,497.67
50-54	$1,481.44	$1,776.97	$1,424.46	$1,708.70
55-59	$2,140.07	$2,212.85	$2,057.73	$2,127.73
60-64	$2,984.19	$2,704.07	$2,869.45	$2,600.02
65-69	$3,730.31	$3,380.11	$3,586.85	$3,250.09
Individual and Spouse				
00-24	$1,013.51	$1,013.51	$974.62	$974.62
25-29	$1,275.61	$1,275.61	$1,226.54	$1,226.54
30-34	$1,467.86	$1,467.86	$1,411.33	$1,411.33
35-39	$1,763.50	$1,763.50	$1,695.62	$1,695.62
40-44	$2,055.25	$2,055.25	$1,976.22	$1,976.22
45-49	$2,422.86	$2,422.86	$2,329.77	$2,329.77
50-54	$3,022.60	$3,022.60	$2,906.39	$2,906.39
55-59	$4,036.77	$4,036.77	$3,881.38	$3,881.38
60-64	$5,274.03	$5,274.03	$5,071.19	$5,071.19
65-69	$6,592.36	$6,592.36	$6,338.85	$6,338.85
Individual and Child				
00-24	$1,118.75	$1,405.29	$1,075.82	$1,351.20
25-29	$1,230.32	$1,638.28	$1,183.00	$1,575.21
30-34	$1,307.95	$1,813.26	$1,257.66	$1,743.50
35-39	$1,454.28	$2,055.75	$1,398.42	$1,976.75
40-44	$1,624.95	$2,268.73	$1,562.40	$2,181.37
45-49	$1,819.75	$2,332.29	$1,749.68	$2,242.63
50-54	$2,052.02	$2,358.62	$1,973.01	$2,267.91
55-59	$2,735.04	$2,810.64	$2,629.89	$2,702.61
60-64	$3,610.75	$3,320.22	$3,471.85	$3,192.49
65-69	$4,513.43	$4,150.31	$4,339.81	$3,990.67
Individual, Spouse, and Child				
00-24	$1,764.57	$1,764.57	$1,696.65	$1,696.65
25-29	$2,079.73	$2,079.73	$1,999.72	$1,999.72
30-34	$2,310.88	$2,310.88	$2,221.94	$2,221.94
35-39	$2,666.62	$2,666.62	$2,563.99	$2,563.99
40-44	$3,017.65	$3,017.65	$2,901.64	$2,901.64
45-49	$3,409.66	$3,409.66	$3,278.47	$3,278.47
50-54	$3,989.28	$3,989.28	$3,835.85	$3,835.85
55-59	$5,151.81	$5,151.81	$4,953.60	$4,953.60
60-64	$6,570.36	$6,570.36	$6,317.63	$6,317.63
65-69	$8,212.86	$8,212.86	$7,897.06	$7,897.06

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueCare PPO PLUS

Policy Forms: 17-184

Deductible				
In-Network	$1,000		$1,000	
Out-of-Network	$2,000		$2,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$1,033.30	$1,033.30	$993.52	$993.52
2-12	$347.76	$347.76	$334.53	$334.53
13-17	$347.76	$538.36	$334.53	$517.55
18-24	$347.76	$538.36	$334.53	$517.55
25-29	$421.90	$693.22	$405.75	$666.58
30-34	$473.51	$809.67	$455.27	$778.45
35-39	$570.85	$970.75	$548.81	$933.50
40-44	$684.40	$1,112.42	$658.09	$1,069.62
45-49	$910.13	$1,281.68	$875.06	$1,232.43
50-54	$1,218.98	$1,462.27	$1,172.04	$1,406.04
55-59	$1,760.94	$1,820.82	$1,693.22	$1,750.84
60-64	$2,455.68	$2,225.03	$2,361.13	$2,139.55
65-69	$3,069.49	$2,781.35	$2,951.52	$2,674.42
Individual and Spouse				
00-24	$834.00	$834.00	$801.90	$801.90
25-29	$1,049.66	$1,049.66	$1,009.28	$1,009.28
30-34	$1,207.80	$1,207.80	$1,161.33	$1,161.33
35-39	$1,451.03	$1,451.03	$1,395.25	$1,395.25
40-44	$1,691.18	$1,691.18	$1,626.13	$1,626.13
45-49	$1,993.63	$1,993.63	$1,917.03	$1,917.03
50-54	$2,487.07	$2,487.07	$2,391.47	$2,391.47
55-59	$3,321.62	$3,321.62	$3,193.80	$3,193.80
60-64	$4,339.66	$4,339.66	$4,172.76	$4,172.76
65-69	$5,424.71	$5,424.71	$5,215.91	$5,215.91
Individual and Child				
00-24	$920.56	$1,156.33	$885.28	$1,111.82
25-29	$1,012.32	$1,348.04	$973.37	$1,296.20
30-34	$1,076.20	$1,492.04	$1,034.86	$1,434.60
35-39	$1,196.58	$1,691.55	$1,150.63	$1,626.39
40-44	$1,337.11	$1,866.81	$1,285.64	$1,794.97
45-49	$1,497.33	$1,919.11	$1,439.77	$1,845.26
50-54	$1,688.54	$1,940.76	$1,623.51	$1,866.07
55-59	$2,250.51	$2,312.46	$2,164.01	$2,223.53
60-64	$2,970.96	$2,731.82	$2,856.74	$2,626.85
65-69	$3,713.76	$3,414.78	$3,570.91	$3,283.49
Individual, Spouse, and Child				
00-24	$1,451.77	$1,451.77	$1,395.99	$1,395.99
25-29	$1,711.30	$1,711.30	$1,645.35	$1,645.35
30-34	$1,901.33	$1,901.33	$1,828.19	$1,828.19
35-39	$2,194.00	$2,194.00	$2,109.65	$2,109.65
40-44	$2,483.05	$2,483.05	$2,387.48	$2,387.48
45-49	$2,805.47	$2,805.47	$2,697.56	$2,697.56
50-54	$3,282.50	$3,282.50	$3,156.32	$3,156.32
55-59	$4,239.05	$4,239.05	$4,075.95	$4,075.95
60-64	$5,406.29	$5,406.29	$5,198.40	$5,198.40
65-69	$6,757.98	$6,757.98	$6,497.96	$6,497.96

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueCare PPO PLUS

Policy Forms: 17-184

Deductible				
In-Network	$1,500		$1,500	
Out-of-Network	$3,000		$3,000	
Stop Loss Amount:				
In-Network	$5,000		$10,000	
Out-of-Network	$10,000		$20,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$929.94	$929.94	$894.15	$894.15
2-12	$313.05	$313.05	$300.87	$300.87
13-17	$313.05	$484.54	$300.87	$465.72
18-24	$313.05	$484.54	$300.87	$465.72
25-29	$379.81	$623.82	$365.19	$599.94
30-34	$426.25	$728.66	$409.89	$700.64
35-39	$513.72	$873.65	$494.03	$840.09
40-44	$615.91	$1,001.20	$592.28	$962.69
45-49	$819.10	$1,153.56	$787.61	$1,109.16
50-54	$1,097.01	$1,316.03	$1,054.94	$1,265.42
55-59	$1,584.79	$1,638.78	$1,523.80	$1,575.69
60-64	$2,210.05	$2,002.56	$2,125.07	$1,925.63
65-69	$2,762.59	$2,503.28	$2,656.34	$2,406.94
Individual and Spouse				
00-24	$750.66	$750.66	$721.71	$721.71
25-29	$944.68	$944.68	$908.42	$908.42
30-34	$1,086.95	$1,086.95	$1,045.23	$1,045.23
35-39	$1,305.99	$1,305.99	$1,255.82	$1,255.82
40-44	$1,522.02	$1,522.02	$1,463.45	$1,463.45
45-49	$1,794.30	$1,794.30	$1,725.28	$1,725.28
50-54	$2,238.53	$2,238.53	$2,152.33	$2,152.33
55-59	$2,989.36	$2,989.36	$2,874.49	$2,874.49
60-64	$3,905.77	$3,905.77	$3,755.46	$3,755.46
65-69	$4,882.21	$4,882.21	$4,694.38	$4,694.38
Individual and Child				
00-24	$828.58	$1,040.76	$796.74	$1,000.64
25-29	$911.08	$1,213.31	$876.03	$1,166.69
30-34	$968.51	$1,342.84	$931.35	$1,291.12
35-39	$1,076.98	$1,522.42	$1,035.63	$1,463.77
40-44	$1,203.43	$1,680.17	$1,157.15	$1,615.51
45-49	$1,347.61	$1,727.23	$1,295.78	$1,660.74
50-54	$1,519.60	$1,746.63	$1,461.18	$1,679.51
55-59	$2,025.51	$2,081.37	$1,947.54	$2,001.29
60-64	$2,673.88	$2,458.72	$2,571.08	$2,364.06
65-69	$3,342.33	$3,073.25	$3,213.79	$2,955.18
Individual, Spouse, and Child				
00-24	$1,306.49	$1,306.49	$1,256.35	$1,256.35
25-29	$1,540.06	$1,540.06	$1,480.88	$1,480.88
30-34	$1,711.30	$1,711.30	$1,645.32	$1,645.32
35-39	$1,974.69	$1,974.69	$1,898.67	$1,898.67
40-44	$2,234.70	$2,234.70	$2,148.82	$2,148.82
45-49	$2,524.97	$2,524.97	$2,427.76	$2,427.76
50-54	$2,954.32	$2,954.32	$2,840.65	$2,840.65
55-59	$3,815.04	$3,815.04	$3,668.37	$3,668.37
60-64	$4,865.73	$4,865.73	$4,678.45	$4,678.45
65-69	$6,082.07	$6,082.07	$5,848.18	$5,848.18

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueCare PPO PLUS

Policy Forms: 17-184

Deductible	
In-Network	$2,500
Out-of-Network	$5,000
Stop Loss Amount:	
In-Network	N/A
Out-of-Network	Unlimited
Coinsurance	
In-Network	100%/0%
Out-of-Network	80%/20%

	Male	Female
Individual		
0-1	$725.36	$725.36
2-12	$244.14	$244.14
13-17	$244.14	$377.86
18-24	$244.14	$377.86
25-29	$296.09	$486.54
30-34	$332.40	$568.31
35-39	$400.72	$681.51
40-44	$480.46	$780.79
45-49	$638.76	$899.63
50-54	$855.72	$1,026.43
55-59	$1,236.06	$1,278.19
60-64	$1,723.69	$1,561.80
65-69	$2,154.55	$1,952.42
Individual and Spouse		
00-24	$585.47	$585.47
25-29	$736.80	$736.80
30-34	$847.78	$847.78
35-39	$1,018.66	$1,018.66
40-44	$1,187.07	$1,187.07
45-49	$1,399.58	$1,399.58
50-54	$1,745.97	$1,745.97
55-59	$2,331.70	$2,331.70
60-64	$3,046.46	$3,046.46
65-69	$3,808.08	$3,808.08
Individual and Child		
00-24	$646.18	$811.68
25-29	$710.56	$946.26
30-34	$755.37	$1,047.27
35-39	$839.91	$1,187.43
40-44	$938.57	$1,310.22
45-49	$1,051.14	$1,347.14
50-54	$1,185.24	$1,362.34
55-59	$1,579.86	$1,623.32
60-64	$2,085.57	$1,917.66
65-69	$2,606.88	$2,397.03
Individual, Spouse, and Child		
00-24	$1,019.15	$1,019.15
25-29	$1,201.33	$1,201.33
30-34	$1,334.83	$1,334.83
35-39	$1,540.25	$1,540.25
40-44	$1,743.02	$1,743.02
45-49	$1,969.37	$1,969.37
50-54	$2,304.26	$2,304.26
55-59	$2,975.68	$2,975.68
60-64	$3,795.06	$3,795.06
65-69	$4,743.95	$4,743.95

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueCare PPO PLUS

Policy Forms: 17-184

Optional Riders

Maternity Rider

Deductible	Rate
$500	$1,162.78
$1,000	$1,061.93
$1,500	$964.91
$2,500	$933.41

TMJ

Individual	$17.93
Individual and Spouse	$35.72
Individual and Child	$42.91
Individual, Spouse, Children	$71.67

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Blue Solutions PPO

Policy Forms: 17-238 9/04, et al

Deductible				
In-Network	$750		$1,500	
Out-of-Network	$1,500		$3,000	
Stop Loss Amount:				
In-Network	$10,000		$10,000	
Out-of-Network	$20,000		$40,000	
Coinsurance				
In-Network	80%/20%		80%/20%	
Out-of-Network	60%/40%		60%/40%	

	Male	**Female**	**Male**	**Female**
Individual				
0-1	$660.54	$660.54	$588.77	$588.77
2-12	$222.32	$222.32	$198.20	$198.20
13-17	$222.32	$344.13	$198.20	$306.73
18-24	$222.32	$344.13	$198.20	$306.73
25-29	$269.76	$443.26	$240.43	$395.03
30-34	$302.76	$517.66	$269.82	$461.35
35-39	$364.93	$620.66	$325.26	$553.20
40-44	$437.53	$711.14	$389.97	$633.89
45-49	$581.86	$819.45	$518.64	$730.41
50-54	$779.25	$934.85	$694.64	$833.24
55-59	$1,125.81	$1,164.06	$1,003.40	$1,037.55
60-64	$1,569.87	$1,422.55	$1,399.30	$1,267.96
65-69	$1,962.42	$1,778.18	$1,749.19	$1,584.88
Individual and Spouse				
00-24	$533.19	$533.19	$475.24	$475.24
25-29	$671.07	$671.07	$598.17	$598.17
30-34	$772.20	$772.20	$688.32	$688.32
35-39	$927.73	$927.73	$826.84	$826.84
40-44	$1,081.15	$1,081.15	$963.68	$963.68
45-49	$1,274.55	$1,274.55	$1,136.05	$1,136.05
50-54	$1,590.11	$1,590.11	$1,417.33	$1,417.33
55-59	$2,123.52	$2,123.52	$1,892.76	$1,892.76
60-64	$2,774.41	$2,774.41	$2,472.95	$2,472.95
65-69	$3,468.13	$3,468.13	$3,091.16	$3,091.16
Individual and Child				
00-24	$588.54	$739.23	$524.61	$658.88
25-29	$647.15	$861.89	$576.90	$768.29
30-34	$688.02	$953.87	$613.30	$850.24
35-39	$765.03	$1,081.45	$682.02	$963.88
40-44	$854.84	$1,193.46	$761.99	$1,063.77
45-49	$957.33	$1,226.93	$853.31	$1,093.59
50-54	$1,079.44	$1,240.71	$962.13	$1,105.95
55-59	$1,438.85	$1,478.41	$1,282.47	$1,317.79
60-64	$1,899.38	$1,746.46	$1,693.03	$1,556.73
65-69	$2,374.27	$2,183.16	$2,116.22	$1,945.91
Individual, Spouse, and Child				
00-24	$928.17	$928.17	$827.23	$827.23
25-29	$1,094.00	$1,094.00	$975.12	$975.12
30-34	$1,215.57	$1,215.57	$1,083.43	$1,083.43
35-39	$1,402.74	$1,402.74	$1,250.28	$1,250.28
40-44	$1,587.47	$1,587.47	$1,414.94	$1,414.94
45-49	$1,793.62	$1,793.62	$1,598.72	$1,598.72
50-54	$2,098.67	$2,098.67	$1,870.53	$1,870.53
55-59	$2,710.11	$2,710.11	$2,415.59	$2,415.59
60-64	$3,456.36	$3,456.36	$3,080.74	$3,080.74
65-69	$4,320.48	$4,320.48	$3,850.95	$3,850.95

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Blue Solutions PPO

Policy Forms: 17-238 9/04, et al

Individual				
In-Network	$3,000		$5,000	
Out-of-Network	$6,000		$10,000	
Stop Loss Amount:				
In-Network	$10,000		N/A	
Out-of-Network	$20,000		Unlimited	
Coinsurance				
In-Network	80%/20%		100%/0%	
Out-of-Network	60%/40%		80%/20%	

	Male	**Female**	**Male**	**Female**
Individual				
0-1	$500.24	$500.24	$474.06	$474.06
2-12	$168.33	$168.33	$159.52	$159.52
13-17	$168.33	$260.61	$159.52	$246.92
18-24	$168.33	$260.61	$159.52	$246.92
25-29	$204.32	$335.70	$193.58	$318.13
30-34	$229.27	$391.97	$217.34	$371.42
35-39	$276.42	$470.05	$261.88	$445.40
40-44	$331.31	$538.57	$313.96	$510.31
45-49	$440.70	$620.60	$417.60	$588.12
50-54	$590.18	$708.01	$559.26	$670.93
55-59	$852.56	$881.62	$807.87	$835.37
60-64	$1,188.93	$1,077.34	$1,126.62	$1,020.87
65-69	$1,486.16	$1,346.63	$1,408.36	$1,276.02
Individual and Spouse				
00-24	$403.82	$403.82	$382.63	$382.63
25-29	$508.18	$508.18	$481.51	$481.51
30-34	$584.83	$584.83	$554.20	$554.20
35-39	$702.55	$702.55	$665.77	$665.77
40-44	$818.85	$818.85	$775.92	$775.92
45-49	$965.21	$965.21	$914.66	$914.66
50-54	$1,204.26	$1,204.26	$1,141.06	$1,141.06
55-59	$1,608.22	$1,608.22	$1,523.93	$1,523.93
60-64	$2,101.12	$2,101.12	$1,991.03	$1,991.03
65-69	$2,626.45	$2,626.45	$2,488.88	$2,488.88
Individual and Child				
00-24	$445.79	$559.87	$422.39	$530.46
25-29	$490.13	$652.72	$464.47	$618.53
30-34	$521.05	$722.38	$493.77	$684.55
35-39	$579.44	$818.98	$549.08	$776.01
40-44	$647.39	$903.88	$613.43	$856.48
45-49	$724.95	$929.17	$686.99	$880.45
50-54	$817.49	$939.71	$774.65	$890.44
55-59	$1,089.70	$1,119.63	$1,032.53	$1,060.95
60-64	$1,438.52	$1,322.66	$1,363.09	$1,253.29
65-69	$1,798.04	$1,653.36	$1,703.85	$1,566.69
Individual, Spouse, and Child				
00-24	$702.93	$702.93	$666.08	$666.08
25-29	$828.58	$828.58	$785.11	$785.11
30-34	$920.55	$920.55	$872.28	$872.28
35-39	$1,062.28	$1,062.28	$1,006.59	$1,006.59
40-44	$1,202.20	$1,202.20	$1,139.18	$1,139.18
45-49	$1,358.35	$1,358.35	$1,287.16	$1,287.16
50-54	$1,589.35	$1,589.35	$1,506.05	$1,506.05
55-59	$2,052.43	$2,052.43	$1,944.84	$1,944.84
60-64	$2,617.56	$2,617.56	$2,480.39	$2,480.39
65-69	$3,272.04	$3,272.04	$3,100.55	$3,100.55

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Blue Solutions PPO

Policy Forms: 17-238 9/04, et al

Optional Riders

Maternity Rider

Deductible	Rate
$750	$789.99
$1,500	$693.55
$3,000	$655.41
$5,000	$627.02

TMJ

Individual	$14.12
Individual and Spouse	$28.15
Individual and Child	$33.82
Individual, Spouse, Children	$56.24

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$500		$500	
In-Network Stop Loss Amount:	$5,000		$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$735.19	$735.19	$716.51	$716.51
2-12	$247.41	$247.41	$241.16	$241.16
13-17	$247.41	$382.97	$241.16	$373.19
18-24	$247.41	$382.97	$241.16	$373.19
25-29	$300.21	$493.17	$292.60	$480.64
30-34	$336.86	$575.99	$328.26	$561.28
35-39	$406.15	$690.75	$395.78	$673.10
40-44	$486.92	$791.37	$474.54	$771.26
45-49	$647.45	$911.84	$630.96	$888.60
50-54	$867.32	$1,040.41	$845.23	$1,013.86
55-59	$1,252.82	$1,295.43	$1,220.94	$1,262.37
60-64	$1,746.96	$1,582.96	$1,702.47	$1,542.70
65-69	$2,183.79	$1,978.87	$2,128.23	$1,928.44
Individual and Spouse				
00-24	$593.34	$593.34	$578.30	$578.30
25-29	$746.77	$746.77	$727.79	$727.79
30-34	$859.30	$859.30	$837.43	$837.43
35-39	$1,032.48	$1,032.48	$1,006.17	$1,006.17
40-44	$1,203.23	$1,203.23	$1,172.53	$1,172.53
45-49	$1,418.46	$1,418.46	$1,382.32	$1,382.32
50-54	$1,769.63	$1,769.63	$1,724.57	$1,724.57
55-59	$2,363.41	$2,363.41	$2,303.22	$2,303.22
60-64	$3,087.76	$3,087.76	$3,009.14	$3,009.14
65-69	$3,859.65	$3,859.65	$3,761.32	$3,761.32
Individual and Child				
00-24	$654.97	$822.64	$638.24	$801.73
25-29	$720.13	$959.07	$701.82	$934.65
30-34	$765.72	$1,061.47	$746.16	$1,034.40
35-39	$851.31	$1,203.46	$829.68	$1,172.88
40-44	$951.30	$1,328.07	$926.99	$1,294.24
45-49	$1,065.38	$1,365.29	$1,038.23	$1,330.59
50-54	$1,201.32	$1,380.81	$1,170.71	$1,345.63
55-59	$1,601.23	$1,645.30	$1,560.46	$1,603.38
60-64	$2,113.78	$1,943.64	$2,059.96	$1,894.16
65-69	$2,642.22	$2,429.65	$2,574.92	$2,367.71
Individual, Spouse, and Child				
00-24	$1,032.95	$1,032.95	$1,006.61	$1,006.61
25-29	$1,217.65	$1,217.65	$1,186.58	$1,186.58
30-34	$1,352.92	$1,352.92	$1,318.44	$1,318.44
35-39	$1,561.08	$1,561.08	$1,521.38	$1,521.38
40-44	$1,766.72	$1,766.72	$1,721.63	$1,721.63
45-49	$1,996.06	$1,996.06	$1,945.22	$1,945.22
50-54	$2,335.50	$2,335.50	$2,275.97	$2,275.97
55-59	$3,016.07	$3,016.07	$2,939.20	$2,939.20
60-64	$3,846.46	$3,846.46	$3,748.57	$3,748.57
65-69	$4,808.25	$4,808.25	$4,685.79	$4,685.79

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$1,000		$1,000	
In-Network Stop Loss Amount:	$5,000		$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$672.17	$672.17	$655.57	$655.57
2-12	$226.27	$226.27	$220.61	$220.61
13-17	$226.27	$350.12	$220.61	$341.50
18-24	$226.27	$350.12	$220.61	$341.50
25-29	$274.50	$450.93	$267.73	$439.80
30-34	$308.03	$526.66	$300.41	$513.61
35-39	$371.34	$631.58	$362.14	$615.95
40-44	$445.18	$723.56	$434.19	$705.70
45-49	$591.94	$833.73	$577.32	$813.06
50-54	$792.98	$951.15	$773.38	$927.70
55-59	$1,145.53	$1,184.39	$1,117.18	$1,155.12
60-64	$1,597.27	$1,447.34	$1,557.82	$1,411.54
65-69	$1,996.69	$1,809.27	$1,947.35	$1,764.57
Individual and Spouse				
00-24	$542.47	$542.47	$529.08	$529.08
25-29	$682.77	$682.77	$665.93	$665.93
30-34	$785.62	$785.62	$766.21	$766.21
35-39	$943.98	$943.98	$920.59	$920.59
40-44	$1,100.05	$1,100.05	$1,072.90	$1,072.90
45-49	$1,296.92	$1,296.92	$1,264.87	$1,264.87
50-54	$1,618.00	$1,618.00	$1,578.00	$1,578.00
55-59	$2,160.88	$2,160.88	$2,107.45	$2,107.45
60-64	$2,823.15	$2,823.15	$2,753.33	$2,753.33
65-69	$3,528.82	$3,528.82	$3,441.59	$3,441.59
Individual and Child				
00-24	$598.79	$752.15	$584.02	$733.51
25-29	$658.41	$876.94	$642.16	$855.27
30-34	$700.02	$970.54	$682.72	$946.55
35-39	$778.41	$1,100.35	$759.14	$1,073.16
40-44	$869.77	$1,214.22	$848.23	$1,184.28
45-49	$974.08	$1,248.36	$950.00	$1,217.48
50-54	$1,098.32	$1,262.49	$1,071.21	$1,231.25
55-59	$1,463.99	$1,504.32	$1,427.78	$1,467.10
60-64	$1,932.67	$1,777.07	$1,884.89	$1,733.18
65-69	$2,415.76	$2,221.38	$2,356.13	$2,166.51
Individual, Spouse, and Child				
00-24	$944.48	$944.48	$921.09	$921.09
25-29	$1,113.34	$1,113.34	$1,085.79	$1,085.79
30-34	$1,237.02	$1,237.02	$1,206.38	$1,206.38
35-39	$1,427.37	$1,427.37	$1,392.13	$1,392.13
40-44	$1,615.32	$1,615.32	$1,575.37	$1,575.37
45-49	$1,825.00	$1,825.00	$1,779.95	$1,779.95
50-54	$2,135.40	$2,135.40	$2,082.58	$2,082.58
55-59	$2,757.57	$2,757.57	$2,689.45	$2,689.45
60-64	$3,516.89	$3,516.89	$3,429.93	$3,429.93
65-69	$4,396.18	$4,396.18	$4,287.55	$4,287.55

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$2,500		$2,500	
In-Network Stop Loss Amount:	$10,000		N/A	
In-Network Coinsurance	80%/20%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$534.24	$534.24	$583.87	$583.87
2-12	$179.83	$179.83	$196.48	$196.48
13-17	$179.83	$278.33	$196.48	$304.10
18-24	$179.83	$278.33	$196.48	$304.10
25-29	$218.14	$358.40	$238.39	$391.61
30-34	$244.90	$418.57	$267.53	$457.40
35-39	$295.09	$501.96	$322.52	$548.55
40-44	$353.83	$575.11	$386.69	$628.48
45-49	$470.45	$662.63	$514.12	$724.08
50-54	$630.25	$756.01	$688.77	$826.20
55-59	$910.43	$941.38	$994.94	$1,028.73
60-64	$1,269.57	$1,150.37	$1,387.34	$1,257.06
65-69	$1,586.98	$1,437.96	$1,734.16	$1,571.43
Individual and Spouse				
00-24	$431.21	$431.21	$471.18	$471.18
25-29	$542.70	$542.70	$593.04	$593.04
30-34	$624.42	$624.42	$682.32	$682.32
35-39	$750.34	$750.34	$819.88	$819.88
40-44	$874.39	$874.39	$955.43	$955.43
45-49	$1,030.73	$1,030.73	$1,126.45	$1,126.45
50-54	$1,286.01	$1,286.01	$1,405.33	$1,405.33
55-59	$1,717.41	$1,717.41	$1,876.82	$1,876.82
60-64	$2,243.83	$2,243.83	$2,452.02	$2,452.02
65-69	$2,804.68	$2,804.68	$3,064.99	$3,064.99
Individual and Child				
00-24	$475.88	$597.80	$520.12	$653.29
25-29	$523.34	$696.96	$571.85	$761.64
30-34	$556.42	$771.32	$608.04	$842.93
35-39	$618.63	$874.58	$676.06	$955.72
40-44	$691.25	$965.08	$755.37	$1,054.58
45-49	$774.17	$992.18	$846.01	$1,084.26
50-54	$873.02	$1,003.40	$953.96	$1,096.51
55-59	$1,163.59	$1,195.60	$1,271.55	$1,306.49
60-64	$1,536.04	$1,412.41	$1,678.63	$1,543.50
65-69	$1,920.08	$1,765.59	$2,098.21	$1,929.39
Individual, Spouse, and Child				
00-24	$750.66	$750.66	$820.33	$820.33
25-29	$884.89	$884.89	$966.97	$966.97
30-34	$983.17	$983.17	$1,074.37	$1,074.37
35-39	$1,134.50	$1,134.50	$1,239.69	$1,239.69
40-44	$1,283.88	$1,283.88	$1,402.94	$1,402.94
45-49	$1,450.56	$1,450.56	$1,585.09	$1,585.09
50-54	$1,697.22	$1,697.22	$1,854.68	$1,854.68
55-59	$2,191.65	$2,191.65	$2,395.07	$2,395.07
60-64	$2,795.19	$2,795.19	$3,054.58	$3,054.58
65-69	$3,494.06	$3,494.06	$3,818.32	$3,818.32

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$5,000		$5,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$427.01	$427.01	$351.75	$351.75
2-12	$143.72	$143.72	$118.38	$118.38
13-17	$143.72	$222.42	$118.38	$183.18
18-24	$143.72	$222.42	$118.38	$183.18
25-29	$174.34	$286.47	$143.62	$235.97
30-34	$195.69	$334.53	$161.21	$275.61
35-39	$235.90	$401.14	$194.33	$330.54
40-44	$282.74	$459.63	$232.98	$378.68
45-49	$376.06	$529.55	$309.77	$436.35
50-54	$503.80	$604.16	$414.98	$497.78
55-59	$727.62	$752.32	$599.42	$619.86
60-64	$1,014.61	$919.32	$835.92	$757.44
65-69	$1,268.23	$1,149.27	$1,044.90	$946.81
Individual and Spouse				
00-24	$344.59	$344.59	$283.93	$283.93
25-29	$433.74	$433.74	$357.32	$357.32
30-34	$499.01	$499.01	$411.12	$411.12
35-39	$599.62	$599.62	$494.02	$494.02
40-44	$698.75	$698.75	$575.68	$575.68
45-49	$823.79	$823.79	$678.70	$678.70
50-54	$1,027.73	$1,027.73	$846.72	$846.72
55-59	$1,372.57	$1,372.57	$1,130.87	$1,130.87
60-64	$1,793.23	$1,793.23	$1,477.49	$1,477.49
65-69	$2,241.49	$2,241.49	$1,846.74	$1,846.74
Individual and Child				
00-24	$380.37	$477.72	$313.39	$393.62
25-29	$418.21	$557.01	$344.58	$458.90
30-34	$444.65	$616.44	$366.40	$507.94
35-39	$494.42	$698.98	$407.36	$575.89
40-44	$552.50	$771.26	$455.19	$635.43
45-49	$618.68	$792.95	$509.72	$653.30
50-54	$697.62	$801.90	$574.80	$660.73
55-59	$929.94	$955.52	$766.18	$787.23
60-64	$1,227.62	$1,128.79	$1,011.39	$929.98
65-69	$1,534.46	$1,410.97	$1,264.31	$1,162.56
Individual, Spouse, and Child				
00-24	$599.89	$599.89	$494.29	$494.29
25-29	$707.19	$707.19	$582.63	$582.63
30-34	$785.66	$785.66	$647.34	$647.34
35-39	$906.59	$906.59	$746.96	$746.96
40-44	$1,026.04	$1,026.04	$845.28	$845.28
45-49	$1,159.26	$1,159.26	$955.12	$955.12
50-54	$1,356.36	$1,356.36	$1,117.55	$1,117.55
55-59	$1,751.55	$1,751.55	$1,443.12	$1,443.12
60-64	$2,233.91	$2,233.91	$1,840.55	$1,840.55
65-69	$2,792.44	$2,792.44	$2,300.67	$2,300.67

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$10,000		$10,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$332.74	$332.74	$232.02	$232.02
2-12	$111.98	$111.98	$77.99	$77.99
13-17	$111.98	$173.39	$77.99	$120.90
18-24	$111.98	$173.39	$77.99	$120.90
25-29	$135.84	$223.22	$94.73	$155.62
30-34	$152.46	$260.65	$106.30	$181.81
35-39	$183.82	$312.61	$128.15	$218.02
40-44	$220.35	$358.13	$153.70	$249.79
45-49	$292.96	$412.69	$204.37	$287.85
50-54	$392.47	$470.84	$273.76	$328.36
55-59	$567.02	$586.32	$395.39	$408.81
60-64	$790.61	$716.39	$551.43	$499.66
65-69	$988.29	$895.50	$689.29	$624.57
Individual and Spouse				
00-24	$268.53	$268.53	$187.26	$187.26
25-29	$337.95	$337.95	$235.72	$235.72
30-34	$388.90	$388.90	$271.18	$271.18
35-39	$467.24	$467.24	$325.87	$325.87
40-44	$544.50	$544.50	$379.81	$379.81
45-49	$641.91	$641.91	$447.70	$447.70
50-54	$800.92	$800.92	$558.55	$558.55
55-59	$1,069.62	$1,069.62	$745.91	$745.91
60-64	$1,397.38	$1,397.38	$974.62	$974.62
65-69	$1,746.71	$1,746.71	$1,218.21	$1,218.21
Individual and Child				
00-24	$296.37	$372.32	$206.77	$259.67
25-29	$325.90	$434.09	$227.31	$302.73
30-34	$346.53	$480.41	$241.65	$335.05
35-39	$385.21	$544.73	$268.72	$379.89
40-44	$430.54	$600.99	$300.24	$419.15
45-49	$482.13	$617.89	$336.23	$430.91
50-54	$543.61	$624.94	$379.13	$435.76
55-59	$724.65	$744.59	$505.37	$519.26
60-64	$956.59	$879.68	$667.15	$613.43
65-69	$1,195.79	$1,099.50	$833.94	$766.89
Individual, Spouse, and Child				
00-24	$467.48	$467.48	$326.03	$326.03
25-29	$551.09	$551.09	$384.35	$384.35
30-34	$612.19	$612.19	$427.02	$427.02
35-39	$706.47	$706.47	$492.72	$492.72
40-44	$799.48	$799.48	$557.58	$557.58
45-49	$903.35	$903.35	$630.06	$630.06
50-54	$1,056.93	$1,056.93	$737.17	$737.17
55-59	$1,364.89	$1,364.89	$951.90	$951.90
60-64	$1,740.78	$1,740.78	$1,214.05	$1,214.05
65-69	$2,176.08	$2,176.08	$1,517.64	$1,517.64

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$25,000		$25,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$30/$50		$10/$30/$50	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$272.04	$272.04	$158.79	$158.79
2-12	$91.55	$91.55	$53.49	$53.49
13-17	$91.55	$141.71	$53.49	$82.70
18-24	$91.55	$141.71	$53.49	$82.70
25-29	$111.03	$182.45	$64.82	$106.52
30-34	$124.66	$213.18	$72.80	$124.40
35-39	$150.26	$255.63	$87.70	$149.18
40-44	$180.21	$292.88	$105.18	$170.87
45-49	$239.57	$337.40	$139.85	$196.93
50-54	$320.92	$384.96	$187.26	$224.73
55-59	$463.55	$479.31	$270.55	$279.83
60-64	$646.41	$585.70	$377.27	$341.88
65-69	$808.01	$732.13	$471.66	$427.41
Individual and Spouse				
00-24	$219.59	$219.59	$128.15	$128.15
25-29	$276.32	$276.32	$161.31	$161.31
30-34	$317.92	$317.92	$185.55	$185.55
35-39	$382.01	$382.01	$222.95	$222.95
40-44	$445.18	$445.18	$259.86	$259.86
45-49	$524.89	$524.89	$306.37	$306.37
50-54	$654.82	$654.82	$382.20	$382.20
55-59	$874.48	$874.48	$510.43	$510.43
60-64	$1,142.51	$1,142.51	$666.89	$666.89
65-69	$1,428.15	$1,428.15	$833.60	$833.60
Individual and Child				
00-24	$242.34	$304.37	$141.46	$177.62
25-29	$266.44	$354.82	$155.53	$207.15
30-34	$283.29	$392.68	$165.36	$229.23
35-39	$315.02	$445.37	$183.89	$259.94
40-44	$352.01	$491.39	$205.45	$286.82
45-49	$394.18	$505.17	$230.09	$294.79
50-54	$444.49	$510.97	$259.43	$298.21
55-59	$592.48	$608.76	$345.79	$355.29
60-64	$782.16	$719.19	$456.55	$419.76
65-69	$977.64	$898.99	$570.64	$524.72
Individual, Spouse, and Child				
00-24	$382.22	$382.22	$223.04	$223.04
25-29	$450.58	$450.58	$263.03	$263.03
30-34	$500.57	$500.57	$292.17	$292.17
35-39	$577.63	$577.63	$337.15	$337.15
40-44	$653.70	$653.70	$381.50	$381.50
45-49	$738.55	$738.55	$431.10	$431.10
50-54	$864.14	$864.14	$504.38	$504.38
55-59	$1,115.99	$1,115.99	$651.39	$651.39
60-64	$1,423.25	$1,423.25	$830.67	$830.67
65-69	$1,779.09	$1,779.09	$1,038.45	$1,038.45

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$500		$500	
In-Network Stop Loss Amount:	$5,000		$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$700.52	$700.52	$681.78	$681.78
2-12	$235.75	$235.75	$229.47	$229.47
13-17	$235.75	$364.92	$229.47	$355.19
18-24	$235.75	$364.92	$229.47	$355.19
25-29	$286.05	$469.86	$278.39	$457.33
30-34	$321.02	$548.80	$312.41	$534.18
35-39	$386.98	$658.11	$376.60	$640.54
40-44	$463.96	$754.08	$451.53	$733.87
45-49	$616.92	$868.81	$600.41	$845.63
50-54	$826.37	$991.23	$804.26	$964.75
55-59	$1,193.74	$1,234.25	$1,161.80	$1,201.25
60-64	$1,664.52	$1,508.28	$1,620.01	$1,467.91
65-69	$2,080.68	$1,885.45	$2,025.06	$1,835.05
Individual and Spouse				
00-24	$565.39	$565.39	$550.22	$550.22
25-29	$711.58	$711.58	$692.50	$692.50
30-34	$818.70	$818.70	$796.81	$796.81
35-39	$983.73	$983.73	$957.41	$957.41
40-44	$1,146.35	$1,146.35	$1,115.72	$1,115.72
45-49	$1,351.48	$1,351.48	$1,315.36	$1,315.36
50-54	$1,686.11	$1,686.11	$1,640.98	$1,640.98
55-59	$2,251.85	$2,251.85	$2,191.56	$2,191.56
60-64	$2,941.99	$2,941.99	$2,863.32	$2,863.32
65-69	$3,677.47	$3,677.47	$3,579.06	$3,579.06
Individual and Child				
00-24	$624.05	$783.83	$607.36	$762.86
25-29	$686.18	$913.79	$667.81	$889.38
30-34	$729.50	$1,011.35	$710.06	$984.33
35-39	$811.14	$1,146.70	$789.43	$1,116.01
40-44	$906.35	$1,265.40	$882.13	$1,231.50
45-49	$1,015.07	$1,300.90	$987.89	$1,266.13
50-54	$1,144.54	$1,315.65	$1,113.89	$1,280.46
55-59	$1,525.61	$1,567.62	$1,484.79	$1,525.72
60-64	$2,014.05	$1,851.90	$1,960.17	$1,802.40
65-69	$2,517.46	$2,314.95	$2,450.18	$2,252.97
Individual, Spouse, and Child				
00-24	$984.29	$984.29	$957.87	$957.87
25-29	$1,160.14	$1,160.14	$1,129.19	$1,129.19
30-34	$1,289.04	$1,289.04	$1,254.57	$1,254.57
35-39	$1,487.40	$1,487.40	$1,447.75	$1,447.75
40-44	$1,683.34	$1,683.34	$1,638.28	$1,638.28
45-49	$1,901.89	$1,901.89	$1,851.04	$1,851.04
50-54	$2,225.28	$2,225.28	$2,165.73	$2,165.73
55-59	$2,873.61	$2,873.61	$2,796.80	$2,796.80
60-64	$3,664.98	$3,664.98	$3,566.96	$3,566.96
65-69	$4,581.26	$4,581.26	$4,458.79	$4,458.79

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$1,000		$1,000	
In-Network Stop Loss Amount:	$5,000		$10,000	
In-Network Coinsurance	80%/20%		80%/20%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$637.51	$637.51	$620.87	$620.87
2-12	$214.55	$214.55	$209.00	$209.00
13-17	$214.55	$332.03	$209.00	$323.41
18-24	$214.55	$332.03	$209.00	$323.41
25-29	$260.30	$427.54	$253.55	$416.43
30-34	$292.15	$499.43	$284.47	$486.36
35-39	$352.13	$598.92	$342.93	$583.37
40-44	$422.19	$686.20	$411.23	$668.30
45-49	$561.46	$790.63	$546.76	$770.10
50-54	$752.07	$902.06	$732.46	$878.57
55-59	$1,086.38	$1,123.20	$1,058.06	$1,093.97
60-64	$1,514.79	$1,372.60	$1,475.37	$1,336.82
65-69	$1,893.55	$1,715.83	$1,844.19	$1,671.16
Individual and Spouse				
00-24	$514.50	$514.50	$501.07	$501.07
25-29	$647.53	$647.53	$630.62	$630.62
30-34	$745.11	$745.11	$725.65	$725.65
35-39	$895.26	$895.26	$871.87	$871.87
40-44	$1,043.24	$1,043.24	$1,016.07	$1,016.07
45-49	$1,229.91	$1,229.91	$1,197.87	$1,197.87
50-54	$1,534.44	$1,534.44	$1,494.48	$1,494.48
55-59	$2,049.30	$2,049.30	$1,995.82	$1,995.82
60-64	$2,677.34	$2,677.34	$2,607.59	$2,607.59
65-69	$3,346.65	$3,346.65	$3,259.42	$3,259.42
Individual and Child				
00-24	$567.92	$713.30	$553.07	$694.73
25-29	$624.42	$831.59	$608.20	$809.97
30-34	$663.88	$920.43	$646.58	$896.42
35-39	$738.16	$1,043.46	$718.96	$1,016.39
40-44	$824.86	$1,151.53	$803.35	$1,121.58
45-49	$923.78	$1,183.88	$899.66	$1,153.06
50-54	$1,041.64	$1,197.30	$1,014.44	$1,166.11
55-59	$1,388.37	$1,426.62	$1,352.18	$1,389.52
60-64	$1,832.84	$1,685.30	$1,785.11	$1,641.41
65-69	$2,291.05	$2,106.68	$2,231.37	$2,051.77
Individual, Spouse, and Child				
00-24	$895.69	$895.69	$872.32	$872.32
25-29	$1,055.83	$1,055.83	$1,028.27	$1,028.27
30-34	$1,173.14	$1,173.14	$1,142.53	$1,142.53
35-39	$1,353.61	$1,353.61	$1,318.40	$1,318.40
40-44	$1,531.88	$1,531.88	$1,491.93	$1,491.93
45-49	$1,730.78	$1,730.78	$1,685.68	$1,685.68
50-54	$2,025.07	$2,025.07	$1,972.36	$1,972.36
55-59	$2,615.15	$2,615.15	$2,546.98	$2,546.98
60-64	$3,335.32	$3,335.32	$3,248.43	$3,248.43
65-69	$4,169.19	$4,169.19	$4,060.52	$4,060.52

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$2,500		$2,500	
In-Network Stop Loss Amount:	$10,000		N/A	
In-Network Coinsurance	80%/20%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		$30 PCP/$50 Specialist	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$499.56	$499.56	$549.13	$549.13
2-12	$168.17	$168.17	$184.76	$184.76
13-17	$168.17	$260.24	$184.76	$286.05
18-24	$168.17	$260.24	$184.76	$286.05
25-29	$204.01	$335.10	$224.28	$368.35
30-34	$228.92	$391.43	$251.59	$430.19
35-39	$275.93	$469.36	$303.34	$515.91
40-44	$330.81	$537.71	$363.68	$591.11
45-49	$439.89	$619.58	$483.59	$681.11
50-54	$589.30	$706.87	$647.75	$777.01
55-59	$851.28	$880.24	$935.74	$967.55
60-64	$1,187.07	$1,075.59	$1,304.83	$1,182.32
65-69	$1,483.83	$1,344.59	$1,631.10	$1,478.03
Individual and Spouse				
00-24	$403.11	$403.11	$443.21	$443.21
25-29	$507.43	$507.43	$557.82	$557.82
30-34	$583.88	$583.88	$641.82	$641.82
35-39	$701.56	$701.56	$771.13	$771.13
40-44	$817.53	$817.53	$898.68	$898.68
45-49	$963.80	$963.80	$1,059.41	$1,059.41
50-54	$1,202.43	$1,202.43	$1,321.75	$1,321.75
55-59	$1,605.90	$1,605.90	$1,765.27	$1,765.27
60-64	$2,098.11	$2,098.11	$2,306.24	$2,306.24
65-69	$2,622.53	$2,622.53	$2,882.75	$2,882.75
Individual and Child				
00-24	$445.07	$559.00	$489.18	$614.47
25-29	$489.32	$651.74	$537.88	$716.36
30-34	$520.28	$721.24	$571.85	$792.83
35-39	$578.49	$817.78	$635.83	$898.88
40-44	$646.36	$902.42	$710.56	$991.97
45-49	$723.86	$927.73	$795.74	$1,019.78
50-54	$816.27	$938.24	$897.27	$1,031.33
55-59	$1,088.01	$1,117.96	$1,195.95	$1,228.89
60-64	$1,436.26	$1,320.66	$1,578.88	$1,451.72
65-69	$1,795.34	$1,650.87	$1,973.47	$1,814.64
Individual, Spouse, and Child				
00-24	$701.95	$701.95	$771.51	$771.51
25-29	$827.35	$827.35	$909.49	$909.49
30-34	$919.31	$919.31	$1,010.49	$1,010.49
35-39	$1,060.73	$1,060.73	$1,166.02	$1,166.02
40-44	$1,200.37	$1,200.37	$1,319.51	$1,319.51
45-49	$1,356.24	$1,356.24	$1,490.85	$1,490.85
50-54	$1,586.98	$1,586.98	$1,744.38	$1,744.38
55-59	$2,049.32	$2,049.32	$2,252.70	$2,252.70
60-64	$2,613.63	$2,613.63	$2,873.02	$2,873.02
65-69	$3,267.12	$3,267.12	$3,591.32	$3,591.32

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$5,000		$5,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$392.29	$392.29	$324.89	$324.89
2-12	$132.01	$132.01	$109.30	$109.30
13-17	$132.01	$204.33	$109.30	$169.29
18-24	$132.01	$204.33	$109.30	$169.29
25-29	$160.21	$263.13	$132.65	$217.98
30-34	$179.78	$307.28	$148.90	$254.56
35-39	$216.75	$368.54	$179.48	$305.25
40-44	$259.75	$422.22	$215.20	$349.74
45-49	$345.37	$486.54	$286.16	$403.02
50-54	$462.71	$555.11	$383.29	$459.75
55-59	$668.48	$691.17	$553.67	$572.45
60-64	$932.13	$844.59	$772.08	$699.60
65-69	$1,165.13	$1,055.83	$965.15	$874.56
Individual and Spouse				
00-24	$316.58	$316.58	$262.24	$262.24
25-29	$398.46	$398.46	$329.98	$329.98
30-34	$458.42	$458.42	$379.81	$379.81
35-39	$550.88	$550.88	$456.27	$456.27
40-44	$641.91	$641.91	$531.76	$531.76
45-49	$756.82	$756.82	$626.83	$626.83
50-54	$944.17	$944.17	$782.06	$782.06
55-59	$1,261.00	$1,261.00	$1,044.48	$1,044.48
60-64	$1,647.44	$1,647.44	$1,364.66	$1,364.66
65-69	$2,059.31	$2,059.31	$1,705.75	$1,705.75
Individual and Child				
00-24	$349.51	$438.95	$289.49	$363.54
25-29	$384.29	$511.78	$318.27	$423.83
30-34	$408.52	$566.40	$338.39	$469.06
35-39	$454.18	$642.16	$376.22	$531.87
40-44	$507.59	$708.59	$420.40	$586.91
45-49	$568.42	$728.46	$470.84	$603.44
50-54	$640.93	$736.68	$530.87	$610.27
55-59	$854.29	$877.81	$707.64	$727.08
60-64	$1,127.78	$1,037.00	$934.14	$858.95
65-69	$1,409.76	$1,296.30	$1,167.68	$1,073.69
Individual, Spouse, and Child				
00-24	$551.15	$551.15	$456.55	$456.55
25-29	$649.71	$649.71	$538.13	$538.13
30-34	$721.89	$721.89	$597.92	$597.92
35-39	$832.90	$832.90	$689.95	$689.95
40-44	$942.61	$942.61	$780.79	$780.79
45-49	$1,065.01	$1,065.01	$882.16	$882.16
50-54	$1,246.11	$1,246.11	$1,032.17	$1,032.17
55-59	$1,609.21	$1,609.21	$1,332.95	$1,332.95
60-64	$2,052.30	$2,052.30	$1,699.88	$1,699.88
65-69	$2,565.47	$2,565.47	$2,124.94	$2,124.94

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$10,000		$10,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$298.06	$298.06	$205.19	$205.19
2-12	$100.29	$100.29	$69.05	$69.05
13-17	$100.29	$155.18	$69.05	$106.83
18-24	$100.29	$155.18	$69.05	$106.83
25-29	$121.68	$199.93	$83.81	$137.60
30-34	$136.64	$233.49	$94.08	$160.73
35-39	$164.62	$280.00	$113.36	$192.81
40-44	$197.34	$320.81	$135.84	$220.78
45-49	$262.43	$369.66	$180.73	$254.41
50-54	$351.58	$421.72	$242.07	$290.34
55-59	$507.89	$525.10	$349.62	$361.56
60-64	$708.11	$641.70	$487.55	$441.79
65-69	$885.19	$802.12	$609.49	$552.25
Individual and Spouse				
00-24	$240.48	$240.48	$165.60	$165.60
25-29	$302.73	$302.73	$208.37	$208.37
30-34	$348.31	$348.31	$239.78	$239.78
35-39	$418.53	$418.53	$288.13	$288.13
40-44	$487.73	$487.73	$335.73	$335.73
45-49	$574.98	$574.98	$395.86	$395.86
50-54	$717.33	$717.33	$493.83	$493.83
55-59	$958.01	$958.01	$659.61	$659.61
60-64	$1,251.67	$1,251.67	$861.77	$861.77
65-69	$1,564.51	$1,564.51	$1,077.18	$1,077.18
Individual and Child				
00-24	$265.49	$333.50	$182.79	$229.58
25-29	$291.89	$388.83	$200.92	$267.67
30-34	$310.36	$430.25	$213.66	$296.29
35-39	$345.11	$487.88	$237.58	$335.89
40-44	$385.63	$538.36	$265.49	$370.64
45-49	$431.83	$553.46	$297.36	$381.00
50-54	$486.95	$559.75	$335.26	$385.39
55-59	$649.11	$666.90	$446.93	$459.15
60-64	$856.88	$787.84	$589.93	$542.45
65-69	$1,071.02	$984.85	$737.37	$678.00
Individual, Spouse, and Child				
00-24	$418.77	$418.77	$288.23	$288.23
25-29	$493.57	$493.57	$339.82	$339.82
30-34	$548.40	$548.40	$377.57	$377.57
35-39	$632.81	$632.81	$435.69	$435.69
40-44	$716.11	$716.11	$493.04	$493.04
45-49	$809.15	$809.15	$557.06	$557.06
50-54	$946.71	$946.71	$651.79	$651.79
55-59	$1,222.57	$1,222.57	$841.74	$841.74
60-64	$1,559.22	$1,559.22	$1,073.49	$1,073.49
65-69	$1,949.09	$1,949.09	$1,341.91	$1,341.91

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

In-Network Deductible	$25,000		$25,000	
In-Network Stop Loss Amount:	N/A		N/A	
In-Network Coinsurance	100%/0%		100%/0%	
Office Visit Copay	$30 PCP/$50 Specialist		N/A	
RX Benefit	$10/$50 Essential Care Formulary		$10/$50 Essential Care Formulary	
	Male	**Female**	**Male**	**Female**
Individual				
0-1	$237.31	$237.31	$131.89	$131.89
2-12	$79.89	$79.89	$44.41	$44.41
13-17	$79.89	$123.64	$44.41	$68.66
18-24	$79.89	$123.64	$44.41	$68.66
25-29	$96.90	$159.16	$53.90	$88.49
30-34	$108.77	$185.95	$60.43	$103.39
35-39	$131.09	$222.95	$72.86	$123.91
40-44	$157.18	$255.44	$87.37	$142.04
45-49	$209.00	$294.41	$116.17	$163.59
50-54	$280.00	$335.80	$155.59	$186.67
55-59	$404.48	$418.15	$224.80	$232.42
60-64	$563.92	$511.01	$313.48	$284.05
65-69	$704.96	$638.75	$391.84	$355.06
Individual and Spouse				
00-24	$191.53	$191.53	$106.45	$106.45
25-29	$241.10	$241.10	$134.00	$134.00
30-34	$277.42	$277.42	$154.23	$154.23
35-39	$333.28	$333.28	$185.19	$185.19
40-44	$388.37	$388.37	$215.83	$215.83
45-49	$457.89	$457.89	$254.53	$254.53
50-54	$571.28	$571.28	$317.56	$317.56
55-59	$762.87	$762.87	$424.06	$424.06
60-64	$996.71	$996.71	$554.03	$554.03
65-69	$1,245.89	$1,245.89	$692.50	$692.50
Individual and Child				
00-24	$211.40	$265.58	$117.52	$147.63
25-29	$232.51	$309.62	$129.19	$172.07
30-34	$247.15	$342.63	$137.41	$190.43
35-39	$274.74	$388.48	$152.78	$215.96
40-44	$307.08	$428.72	$170.73	$238.26
45-49	$343.92	$440.76	$191.10	$245.03
50-54	$387.76	$445.73	$215.52	$247.72
55-59	$516.89	$531.11	$287.30	$295.23
60-64	$682.29	$627.47	$379.24	$348.76
65-69	$852.91	$784.25	$474.09	$435.95
Individual, Spouse, and Child				
00-24	$333.43	$333.43	$185.36	$185.36
25-29	$393.06	$393.06	$218.43	$218.43
30-34	$436.70	$436.70	$242.77	$242.77
35-39	$503.87	$503.87	$280.14	$280.14
40-44	$570.27	$570.27	$317.04	$317.04
45-49	$644.32	$644.32	$358.13	$358.13
50-54	$753.87	$753.87	$419.03	$419.03
55-59	$973.61	$973.61	$541.10	$541.10
60-64	$1,241.63	$1,241.63	$690.13	$690.13
65-69	$1,552.09	$1,552.09	$862.68	$862.68

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

BlueChoice

Policy Forms: 17-247 6/06

Optional Riders

Maternity Rider ($5,000 Maximum Benefit, 12 Month Waiting Period)

80% In Network Coinsurance	$636.78
100% In Network Coinsurance	$693.21

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$500	$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$467.24	$467.24	35	$332.78	$212.60
1	$467.24	$467.24	36	$341.68	$220.95
2	$150.35	$150.35	37	$350.02	$229.58
3	$150.35	$150.35	38	$360.01	$240.66
4	$150.35	$150.35	39	$369.95	$251.70
5	$150.35	$150.35	40	$379.94	$262.67
6	$150.35	$150.35	41	$389.92	$273.76
7	$150.35	$150.35	42	$423.58	$285.08
8	$150.35	$150.35	43	$437.33	$302.38
9	$150.35	$150.35	44	$451.35	$319.34
10	$150.35	$150.35	45	$465.33	$336.32
11	$150.35	$150.35	46	$479.40	$353.55
12	$150.35	$150.35	47	$492.85	$370.81
13	$165.19	$150.35	48	$513.04	$395.56
14	$165.19	$150.35	49	$533.30	$420.62
15	$165.19	$150.35	50	$553.20	$445.40
16	$173.03	$150.35	51	$573.45	$470.21
17	$180.81	$150.35	52	$593.87	$495.04
18	$184.60	$152.25	53	$618.70	$530.58
19	$188.37	$152.25	54	$643.76	$583.12
20	$188.37	$152.25	55	$668.51	$637.82
21	$195.65	$152.25	56	$693.35	$694.69
22	$202.95	$152.25	57	$718.11	$754.27
23	$210.16	$152.25	58	$749.39	$809.71
24	$223.68	$152.25	59	$780.32	$866.02
25	$243.07	$158.18	60	$811.62	$923.20
26	$248.47	$164.95	61	$842.58	$981.41
27	$253.82	$166.81	62	$873.29	$1,039.88
28	$259.23	$168.98	63	$920.49	$1,105.34
29	$264.62	$171.11	64	$967.35	$1,171.07
30	$281.82	$173.03	65	$1,108.86	$1,367.80
31	$293.75	$178.12	66	$1,108.86	$1,367.80
32	$305.58	$188.07	67	$1,108.86	$1,367.80
33	$314.72	$196.43	68	$1,108.86	$1,367.80
34	$323.59	$204.55	69	$1,108.86	$1,367.80

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$1,000	$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$412.89	$412.89	35	$294.02	$187.87
1	$412.89	$412.89	36	$301.91	$195.25
2	$132.88	$132.88	37	$309.30	$202.87
3	$132.88	$132.88	38	$318.11	$212.60
4	$132.88	$132.88	39	$326.91	$222.38
5	$132.88	$132.88	40	$335.70	$232.15
6	$132.88	$132.88	41	$344.56	$241.89
7	$132.88	$132.88	42	$374.27	$251.89
8	$132.88	$132.88	43	$386.45	$267.17
9	$132.88	$132.88	44	$398.83	$282.18
10	$132.88	$132.88	45	$411.23	$297.16
11	$132.88	$132.88	46	$423.58	$312.35
12	$132.88	$132.88	47	$435.51	$327.66
13	$145.95	$132.88	48	$453.34	$349.56
14	$145.95	$132.88	49	$471.18	$371.65
15	$145.95	$132.88	50	$488.82	$393.55
16	$152.80	$132.88	51	$506.67	$415.46
17	$159.72	$132.88	52	$524.76	$437.38
18	$163.07	$134.54	53	$546.71	$468.84
19	$166.44	$134.54	54	$568.83	$515.25
20	$166.44	$134.54	55	$590.73	$563.57
21	$172.85	$134.54	56	$612.61	$613.82
22	$179.29	$134.54	57	$634.56	$666.44
23	$185.69	$134.54	58	$662.15	$715.53
24	$197.62	$134.54	59	$689.54	$765.23
25	$214.80	$139.73	60	$717.15	$815.74
26	$219.52	$145.73	61	$744.55	$867.19
27	$224.31	$147.41	62	$771.71	$918.88
28	$229.06	$149.28	63	$813.34	$976.66
29	$233.79	$151.19	64	$854.76	$1,034.79
30	$249.03	$152.80	65	$979.81	$1,208.58
31	$259.55	$157.36	66	$979.81	$1,208.58
32	$270.01	$166.20	67	$979.81	$1,208.58
33	$278.07	$173.56	68	$979.81	$1,208.58
34	$285.95	$180.73	69	$979.81	$1,208.58

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$2,500	$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$359.61	$359.61	35	$256.15	$163.61
1	$359.61	$359.61	36	$263.04	$170.07
2	$115.73	$115.73	37	$269.43	$176.67
3	$115.73	$115.73	38	$277.08	$185.19
4	$115.73	$115.73	39	$284.75	$193.70
5	$115.73	$115.73	40	$292.44	$202.21
6	$115.73	$115.73	41	$300.12	$210.72
7	$115.73	$115.73	42	$326.05	$219.47
8	$115.73	$115.73	43	$336.62	$232.73
9	$115.73	$115.73	44	$347.45	$245.78
10	$115.73	$115.73	45	$358.22	$258.84
11	$115.73	$115.73	46	$368.99	$272.13
12	$115.73	$115.73	47	$379.38	$285.40
13	$127.14	$115.73	48	$394.89	$304.48
14	$127.14	$115.73	49	$410.49	$323.78
15	$127.14	$115.73	50	$425.84	$342.86
16	$133.12	$115.73	51	$441.39	$361.93
17	$139.18	$115.73	52	$457.14	$381.00
18	$142.09	$117.20	53	$476.18	$408.39
19	$145.00	$117.20	54	$495.45	$448.80
20	$145.00	$117.20	55	$514.56	$490.98
21	$150.56	$117.20	56	$533.64	$534.70
22	$156.20	$117.20	57	$552.75	$580.54
23	$161.79	$117.20	58	$576.84	$623.27
24	$172.15	$117.20	59	$600.62	$666.63
25	$187.07	$121.76	60	$624.73	$710.61
26	$191.28	$126.96	61	$648.57	$755.37
27	$195.36	$128.40	62	$672.24	$800.39
28	$199.54	$130.07	63	$708.54	$850.80
29	$203.67	$131.68	64	$744.61	$901.40
30	$216.94	$133.12	65	$853.48	$1,052.81
31	$226.10	$137.09	66	$853.48	$1,052.81
32	$235.24	$144.76	67	$853.48	$1,052.81
33	$242.26	$151.23	68	$853.48	$1,052.81
34	$249.11	$157.46	69	$853.48	$1,052.81

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$5,000	$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$276.65	$276.65	35	$197.05	$125.83
1	$276.65	$276.65	36	$202.25	$130.81
2	$89.02	$89.02	37	$207.27	$135.89
3	$89.02	$89.02	38	$213.16	$142.49
4	$89.02	$89.02	39	$219.01	$149.00
5	$89.02	$89.02	40	$224.86	$155.56
6	$89.02	$89.02	41	$230.81	$162.03
7	$89.02	$89.02	42	$250.82	$168.75
8	$89.02	$89.02	43	$258.93	$178.99
9	$89.02	$89.02	44	$267.18	$189.04
10	$89.02	$89.02	45	$275.49	$199.06
11	$89.02	$89.02	46	$283.77	$209.29
12	$89.02	$89.02	47	$291.81	$219.50
13	$97.80	$89.02	48	$303.75	$234.18
14	$97.80	$89.02	49	$315.66	$249.02
15	$97.80	$89.02	50	$327.49	$263.68
16	$102.44	$89.02	51	$339.46	$278.38
17	$107.02	$89.02	52	$351.58	$293.05
18	$109.27	$90.11	53	$366.26	$314.10
19	$111.54	$90.11	54	$381.12	$345.20
20	$111.54	$90.11	55	$395.78	$377.59
21	$115.78	$90.11	56	$410.43	$411.24
22	$120.10	$90.11	57	$425.13	$446.49
23	$124.40	$90.11	58	$443.64	$479.38
24	$132.43	$90.11	59	$461.99	$512.66
25	$143.90	$93.65	60	$480.49	$546.52
26	$147.05	$97.66	61	$498.85	$581.01
27	$150.27	$98.71	62	$516.94	$615.63
28	$153.44	$100.01	63	$544.89	$654.32
29	$156.61	$101.33	64	$572.73	$693.31
30	$166.82	$102.44	65	$656.45	$809.71
31	$173.89	$105.41	66	$656.45	$809.71
32	$180.89	$111.34	67	$656.45	$809.71
33	$186.30	$116.31	68	$656.45	$809.71
34	$191.59	$121.08	69	$656.45	$809.71

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$10,000	$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$212.29	$212.29	35	$151.19	$96.57
1	$212.29	$212.29	36	$155.18	$100.38
2	$68.30	$68.30	37	$159.05	$104.34
3	$68.30	$68.30	38	$163.58	$109.30
4	$68.30	$68.30	39	$168.09	$114.32
5	$68.30	$68.30	40	$172.63	$119.37
6	$68.30	$68.30	41	$177.16	$124.39
7	$68.30	$68.30	42	$192.43	$129.54
8	$68.30	$68.30	43	$198.70	$137.31
9	$68.30	$68.30	44	$205.06	$145.08
10	$68.30	$68.30	45	$211.40	$152.78
11	$68.30	$68.30	46	$217.78	$160.59
12	$68.30	$68.30	47	$223.93	$168.43
13	$75.05	$68.30	48	$233.08	$179.73
14	$75.05	$68.30	49	$242.27	$191.10
15	$75.05	$68.30	50	$251.32	$202.41
16	$78.62	$68.30	51	$260.53	$213.64
17	$82.14	$68.30	52	$269.80	$224.85
18	$83.87	$69.15	53	$281.11	$241.03
19	$85.60	$69.15	54	$292.45	$264.96
20	$85.60	$69.15	55	$303.75	$289.77
21	$88.91	$69.15	56	$315.02	$315.61
22	$92.17	$69.15	57	$326.25	$342.66
23	$95.48	$69.15	58	$340.45	$367.87
24	$101.62	$69.15	59	$354.52	$393.44
25	$110.40	$71.87	60	$368.75	$419.47
26	$112.90	$74.90	61	$382.83	$445.86
27	$115.35	$75.80	62	$396.77	$472.40
28	$117.77	$76.77	63	$418.19	$502.21
29	$120.22	$77.74	64	$439.49	$532.07
30	$128.06	$78.62	65	$503.81	$621.41
31	$133.46	$80.92	66	$503.81	$621.41
32	$138.82	$85.41	67	$503.81	$621.41
33	$142.99	$89.22	68	$503.81	$621.41
34	$147.04	$92.92	69	$503.81	$621.41

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$15,000	$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$177.19	$177.19	35	$126.18	$80.60
1	$177.19	$177.19	36	$129.57	$83.81
2	$57.00	$57.00	37	$132.76	$87.04
3	$57.00	$57.00	38	$136.52	$91.26
4	$57.00	$57.00	39	$140.30	$95.46
5	$57.00	$57.00	40	$144.09	$99.61
6	$57.00	$57.00	41	$147.86	$103.85
7	$57.00	$57.00	42	$160.65	$108.10
8	$57.00	$57.00	43	$165.85	$114.66
9	$57.00	$57.00	44	$171.16	$121.11
10	$57.00	$57.00	45	$176.45	$127.55
11	$57.00	$57.00	46	$181.82	$134.05
12	$57.00	$57.00	47	$186.91	$140.63
13	$62.68	$57.00	48	$194.53	$149.98
14	$62.68	$57.00	49	$202.21	$159.52
15	$62.68	$57.00	50	$209.79	$168.93
16	$65.61	$57.00	51	$217.49	$178.27
17	$68.56	$57.00	52	$225.25	$187.71
18	$70.02	$57.73	53	$234.64	$201.21
19	$71.44	$57.73	54	$244.14	$221.10
20	$71.44	$57.73	55	$253.55	$241.85
21	$74.16	$57.73	56	$262.88	$263.41
22	$76.92	$57.73	57	$272.32	$286.02
23	$79.72	$57.73	58	$284.17	$307.08
24	$84.79	$57.73	59	$295.94	$328.44
25	$92.17	$60.00	60	$307.81	$350.08
26	$94.19	$62.50	61	$319.51	$372.17
27	$96.25	$63.26	62	$331.19	$394.34
28	$98.32	$64.10	63	$349.05	$419.18
29	$100.36	$64.87	64	$366.84	$444.11
30	$106.90	$65.61	65	$420.53	$518.69
31	$111.40	$67.53	66	$420.53	$518.69
32	$115.87	$71.33	67	$420.53	$518.69
33	$119.36	$74.51	68	$420.53	$518.69
34	$122.73	$77.58	69	$420.53	$518.69

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$20,000	$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$160.81	$160.81	35	$114.54	$73.17
1	$160.81	$160.81	36	$117.59	$76.02
2	$51.74	$51.74	37	$120.44	$78.98
3	$51.74	$51.74	38	$123.90	$82.78
4	$51.74	$51.74	39	$127.34	$86.65
5	$51.74	$51.74	40	$130.75	$90.44
6	$51.74	$51.74	41	$134.23	$94.21
7	$51.74	$51.74	42	$145.83	$98.12
8	$51.74	$51.74	43	$150.54	$104.07
9	$51.74	$51.74	44	$155.36	$109.88
10	$51.74	$51.74	45	$160.16	$115.73
11	$51.74	$51.74	46	$165.00	$121.68
12	$51.74	$51.74	47	$169.64	$127.62
13	$56.85	$51.74	48	$176.58	$136.19
14	$56.85	$51.74	49	$183.57	$144.76
15	$56.85	$51.74	50	$190.40	$153.29
16	$59.51	$51.74	51	$197.34	$161.83
17	$62.25	$51.74	52	$204.42	$170.36
18	$63.53	$52.39	53	$212.91	$182.61
19	$64.84	$52.39	54	$221.56	$200.67
20	$64.84	$52.39	55	$230.16	$219.52
21	$67.32	$52.39	56	$238.64	$239.14
22	$69.86	$52.39	57	$247.15	$259.61
23	$72.35	$52.39	58	$257.86	$278.68
24	$76.97	$52.39	59	$268.59	$298.11
25	$83.64	$54.47	60	$279.36	$317.73
26	$85.51	$56.74	61	$290.01	$337.76
27	$87.37	$57.45	62	$300.62	$357.92
28	$89.22	$58.14	63	$316.81	$380.40
29	$91.03	$58.89	64	$332.98	$403.05
30	$97.04	$59.51	65	$381.65	$470.81
31	$101.09	$61.27	66	$381.65	$470.81
32	$105.18	$64.74	67	$381.65	$470.81
33	$108.29	$67.59	68	$381.65	$470.81
34	$111.40	$70.42	69	$381.65	$470.81

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$25,000	$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$142.69	$142.69	35	$101.62	$64.92
1	$142.69	$142.69	36	$104.35	$67.49
2	$45.91	$45.91	37	$106.90	$70.12
3	$45.91	$45.91	38	$109.89	$73.48
4	$45.91	$45.91	39	$113.00	$76.88
5	$45.91	$45.91	40	$116.03	$80.25
6	$45.91	$45.91	41	$119.08	$83.62
7	$45.91	$45.91	42	$129.34	$87.04
8	$45.91	$45.91	43	$133.52	$92.31
9	$45.91	$45.91	44	$137.83	$97.54
10	$45.91	$45.91	45	$142.12	$102.70
11	$45.91	$45.91	46	$146.36	$107.98
12	$45.91	$45.91	47	$150.50	$113.21
13	$50.45	$45.91	48	$156.67	$120.82
14	$50.45	$45.91	49	$162.87	$128.45
15	$50.45	$45.91	50	$168.93	$136.05
16	$52.82	$45.91	51	$175.09	$143.61
17	$55.21	$45.91	52	$181.35	$151.19
18	$56.35	$46.49	53	$188.96	$162.02
19	$57.53	$46.49	54	$196.58	$178.06
20	$57.53	$46.49	55	$204.13	$194.77
21	$59.74	$46.49	56	$211.71	$212.11
22	$61.96	$46.49	57	$219.30	$230.35
23	$64.19	$46.49	58	$228.83	$247.27
24	$68.30	$46.49	59	$238.29	$264.48
25	$74.17	$48.33	60	$247.90	$281.90
26	$75.88	$50.36	61	$257.34	$299.69
27	$77.53	$50.93	62	$266.73	$317.56
28	$79.20	$51.58	63	$281.13	$337.54
29	$80.82	$52.25	64	$295.43	$357.63
30	$86.10	$52.82	65	$338.65	$417.69
31	$89.71	$54.46	66	$338.65	$417.69
32	$93.31	$57.45	67	$338.65	$417.69
33	$96.08	$60.00	68	$338.65	$417.69
34	$98.79	$62.47	69	$338.65	$417.69

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$500	$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$149.76	$164.50	43	$272.66	$388.36
16	$149.76	$172.33	44	$283.94	$421.90
17	$149.76	$180.05	45	$301.12	$435.60
18	$151.64	$183.83	46	$318.02	$449.55
19	$151.64	$187.60	47	$334.91	$463.50
20	$151.64	$187.60	48	$352.11	$477.47
21	$151.64	$187.60	49	$369.31	$490.90
22	$151.64	$194.89	50	$394.01	$511.01
23	$151.64	$202.12	51	$418.99	$531.18
24	$151.64	$209.35	52	$443.67	$550.99
25	$151.64	$209.35	53	$468.30	$571.16
26	$151.64	$222.77	54	$493.01	$591.54
27	$157.50	$242.08	55	$528.50	$616.23
28	$164.25	$247.44	56	$580.79	$641.18
29	$166.16	$252.79	57	$635.26	$665.88
30	$168.31	$258.19	58	$691.89	$690.58
31	$170.46	$263.54	59	$751.21	$715.26
32	$172.33	$280.74	60	$806.53	$746.43
33	$177.40	$292.57	61	$862.63	$777.28
34	$187.32	$304.35	62	$919.49	$808.38
35	$195.69	$313.48	63	$977.48	$839.25
36	$203.73	$322.34	64	$1,035.70	$869.82
37	$211.75	$331.48	65	$1,100.94	$916.79
38	$220.07	$340.29	66	$1,100.94	$916.79
39	$228.67	$348.60	67	$1,100.94	$916.79
40	$239.68	$358.57	68	$1,100.94	$916.79
41	$250.68	$368.48	69	$1,100.94	$916.79
42	$261.66	$378.43			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$1,000	$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$132.29	$145.35	43	$240.96	$343.16
16	$132.29	$152.25	44	$250.93	$372.77
17	$132.29	$159.10	45	$266.09	$384.90
18	$133.98	$162.45	46	$281.00	$397.21
19	$133.98	$165.79	47	$295.98	$409.55
20	$133.98	$165.79	48	$311.16	$421.90
21	$133.98	$165.79	49	$326.32	$433.74
22	$133.98	$172.15	50	$348.14	$451.54
23	$133.98	$178.58	51	$370.19	$469.34
24	$133.98	$184.99	52	$392.04	$486.86
25	$133.98	$184.99	53	$413.84	$504.64
26	$133.98	$196.84	54	$435.69	$522.68
27	$139.19	$213.91	55	$466.98	$544.50
28	$145.13	$218.61	56	$513.19	$566.56
29	$146.85	$223.42	57	$561.35	$588.38
30	$148.70	$228.12	58	$611.37	$610.19
31	$150.56	$232.88	59	$663.79	$632.02
32	$152.25	$248.04	60	$712.64	$659.51
33	$156.71	$258.51	61	$762.23	$686.80
34	$165.52	$268.93	62	$812.45	$714.29
35	$172.86	$276.96	63	$863.68	$741.56
36	$179.93	$284.81	64	$915.17	$768.63
37	$187.10	$292.88	65	$972.73	$810.13
38	$194.46	$300.67	66	$972.73	$810.13
39	$202.08	$308.03	67	$972.73	$810.13
40	$211.75	$316.81	68	$972.73	$810.13
41	$221.48	$325.64	69	$972.73	$810.13
42	$231.18	$334.38			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$2,500	$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$115.27	$126.62	43	$209.88	$298.92
16	$115.27	$132.60	44	$218.59	$324.77
17	$115.27	$138.64	45	$231.79	$335.33
18	$116.69	$141.50	46	$244.77	$346.04
19	$116.69	$144.40	47	$257.79	$356.77
20	$116.69	$144.40	48	$271.06	$367.53
21	$116.69	$144.40	49	$284.20	$377.86
22	$116.69	$149.96	50	$303.26	$393.34
23	$116.69	$155.59	51	$322.48	$408.81
24	$116.69	$161.13	52	$341.47	$424.09
25	$116.69	$161.13	53	$360.49	$439.60
26	$116.69	$171.50	54	$379.51	$455.27
27	$121.28	$186.37	55	$406.74	$474.29
28	$126.45	$190.45	56	$447.03	$493.53
29	$127.86	$194.64	57	$488.93	$512.55
30	$129.55	$198.71	58	$532.60	$531.51
31	$131.15	$202.87	59	$578.23	$550.55
32	$132.60	$216.05	60	$620.80	$574.52
33	$136.53	$225.22	61	$663.94	$598.25
34	$144.20	$234.31	62	$707.78	$622.23
35	$150.64	$241.29	63	$752.36	$645.99
36	$156.74	$248.13	64	$797.18	$669.51
37	$163.00	$255.13	65	$847.40	$705.70
38	$169.41	$261.93	66	$847.40	$705.70
39	$175.99	$268.33	67	$847.40	$705.70
40	$184.48	$275.96	68	$847.40	$705.70
41	$192.93	$283.65	69	$847.40	$705.70
42	$201.42	$291.30			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$5,000	$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$88.64	$97.39	43	$161.42	$229.86
16	$88.64	$102.01	44	$168.09	$249.79
17	$88.64	$106.68	45	$178.25	$257.85
18	$89.81	$108.84	46	$188.27	$266.14
19	$89.81	$111.06	47	$198.28	$274.45
20	$89.81	$111.06	48	$208.45	$282.68
21	$89.81	$111.06	49	$218.60	$290.61
22	$89.81	$115.40	50	$233.29	$302.52
23	$89.81	$119.61	51	$248.01	$314.45
24	$89.81	$123.91	52	$262.64	$326.14
25	$89.81	$123.91	53	$277.20	$338.12
26	$89.81	$131.88	54	$291.91	$350.12
27	$93.28	$143.31	55	$312.84	$364.79
28	$97.26	$146.53	56	$343.81	$379.61
29	$98.33	$149.71	57	$376.09	$394.19
30	$99.61	$152.80	58	$409.58	$408.79
31	$100.87	$155.99	59	$444.71	$423.47
32	$102.01	$166.19	60	$477.44	$441.86
33	$105.03	$173.20	61	$510.60	$460.12
34	$110.89	$180.20	62	$544.32	$478.54
35	$115.81	$185.63	63	$578.68	$496.85
36	$120.57	$190.82	64	$613.13	$514.94
37	$125.30	$196.24	65	$651.76	$542.72
38	$130.27	$201.48	66	$651.76	$542.72
39	$135.34	$206.38	67	$651.76	$542.72
40	$141.90	$212.27	68	$651.76	$542.72
41	$148.40	$218.15	69	$651.76	$542.72
42	$154.91	$224.00			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$10,000	$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$68.04	$74.79	43	$123.90	$176.43
16	$68.04	$78.29	44	$129.03	$191.65
17	$68.04	$81.84	45	$136.77	$197.88
18	$68.92	$83.54	46	$144.51	$204.24
19	$68.92	$85.18	47	$152.21	$210.61
20	$68.92	$85.18	48	$159.96	$216.93
21	$68.92	$85.18	49	$167.78	$223.02
22	$68.92	$88.52	50	$179.01	$232.16
23	$68.92	$91.80	51	$190.33	$241.31
24	$68.92	$95.12	52	$201.60	$250.32
25	$68.92	$95.12	53	$212.73	$259.47
26	$68.92	$101.17	54	$223.99	$268.73
27	$71.60	$109.95	55	$240.06	$279.98
28	$74.61	$112.45	56	$263.88	$291.32
29	$75.52	$114.90	57	$288.63	$302.52
30	$76.41	$117.29	58	$314.39	$313.72
31	$77.40	$119.71	59	$341.28	$324.90
32	$78.29	$127.55	60	$366.41	$339.14
33	$80.57	$132.92	61	$391.86	$353.10
34	$85.10	$138.28	62	$417.76	$367.30
35	$88.91	$142.41	63	$444.09	$381.27
36	$92.53	$146.51	64	$470.50	$395.16
37	$96.23	$150.56	65	$500.18	$416.57
38	$100.00	$154.61	66	$500.18	$416.57
39	$103.91	$158.35	67	$500.18	$416.57
40	$108.87	$162.89	68	$500.18	$416.57
41	$113.90	$167.41	69	$500.18	$416.57
42	$118.87	$171.94			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$15,000	$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$56.75	$62.42	43	$103.42	$147.33
16	$56.75	$65.35	44	$107.69	$159.97
17	$56.75	$68.28	45	$114.16	$165.19
18	$57.53	$69.73	46	$120.58	$170.52
19	$57.53	$71.13	47	$127.00	$175.78
20	$57.53	$71.13	48	$133.51	$181.09
21	$57.53	$71.13	49	$140.12	$186.15
22	$57.53	$73.88	50	$149.44	$193.87
23	$57.53	$76.61	51	$158.92	$201.42
24	$57.53	$79.37	52	$168.26	$208.91
25	$57.53	$79.37	53	$177.54	$216.61
26	$57.53	$84.43	54	$187.00	$224.32
27	$59.77	$91.80	55	$200.42	$233.71
28	$62.28	$93.87	56	$220.19	$243.17
29	$63.01	$95.86	57	$240.94	$252.50
30	$63.81	$97.95	58	$262.38	$261.84
31	$64.65	$99.99	59	$284.90	$271.25
32	$65.35	$106.45	60	$305.86	$283.11
33	$67.30	$110.91	61	$327.12	$294.75
34	$71.03	$115.44	62	$348.68	$306.56
35	$74.17	$118.85	63	$370.70	$318.24
36	$77.21	$122.26	64	$392.74	$329.85
37	$80.32	$125.75	65	$417.48	$347.69
38	$83.51	$129.05	66	$417.48	$347.69
39	$86.69	$132.22	67	$417.48	$347.69
40	$90.89	$135.94	68	$417.48	$347.69
41	$95.08	$139.73	69	$417.48	$347.69
42	$99.25	$143.49			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$20,000	$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$51.54	$56.63	43	$93.88	$133.70
16	$51.54	$59.32	44	$97.70	$145.20
17	$51.54	$61.98	45	$103.61	$149.95
18	$52.17	$63.26	46	$109.45	$154.76
19	$52.17	$64.57	47	$115.27	$159.52
20	$52.17	$64.57	48	$121.21	$164.34
21	$52.17	$64.57	49	$127.08	$168.98
22	$52.17	$67.11	50	$135.60	$175.89
23	$52.17	$69.54	51	$144.20	$182.79
24	$52.17	$72.07	52	$152.67	$189.61
25	$52.17	$72.07	53	$161.21	$196.56
26	$52.17	$76.66	54	$169.70	$203.60
27	$54.22	$83.31	55	$181.86	$212.09
28	$56.51	$85.14	56	$199.90	$220.68
29	$57.17	$87.00	57	$218.61	$229.20
30	$57.93	$88.91	58	$238.15	$237.67
31	$58.67	$90.72	59	$258.57	$246.15
32	$59.32	$96.61	60	$277.57	$256.89
33	$61.03	$100.64	61	$296.88	$267.53
34	$64.47	$104.78	62	$316.44	$278.27
35	$67.32	$107.91	63	$336.43	$288.84
36	$70.12	$110.91	64	$356.43	$299.41
37	$72.89	$114.07	65	$378.91	$315.55
38	$75.77	$117.12	66	$378.91	$315.55
39	$78.72	$119.99	67	$378.91	$315.55
40	$82.52	$123.42	68	$378.91	$315.55
41	$86.30	$126.81	69	$378.91	$315.55
42	$90.03	$130.23			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

	In Network	Out of Network
Deductible	$25,000	$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$45.74	$50.28	43	$83.28	$118.59
16	$45.74	$52.65	44	$86.69	$128.85
17	$45.74	$55.00	45	$91.97	$132.98
18	$46.28	$56.13	46	$97.15	$137.27
19	$46.28	$57.31	47	$102.32	$141.53
20	$46.28	$57.31	48	$107.51	$145.84
21	$46.28	$57.31	49	$112.80	$149.93
22	$46.28	$59.50	50	$120.34	$156.03
23	$46.28	$61.70	51	$127.94	$162.25
24	$46.28	$63.95	52	$135.48	$168.26
25	$46.28	$63.95	53	$143.02	$174.44
26	$46.28	$68.04	54	$150.56	$180.63
27	$48.14	$73.91	55	$161.39	$188.17
28	$50.18	$75.59	56	$177.38	$195.84
29	$50.75	$77.18	57	$193.99	$203.37
30	$51.37	$78.81	58	$211.30	$210.90
31	$52.05	$80.50	59	$229.40	$218.40
32	$52.65	$85.70	60	$246.31	$227.92
33	$54.21	$89.32	61	$263.41	$237.34
34	$57.17	$92.92	62	$280.81	$246.90
35	$59.77	$95.70	63	$298.50	$256.24
36	$62.23	$98.47	64	$316.26	$265.65
37	$64.71	$101.17	65	$336.19	$280.00
38	$67.20	$103.96	66	$336.19	$280.00
39	$69.77	$106.45	67	$336.19	$280.00
40	$73.17	$109.48	68	$336.19	$280.00
41	$76.57	$112.57	69	$336.19	$280.00
42	$79.92	$115.55			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

Deductible	In Network Coinsurance	In Network Stop Loss Amount	Out of Network Coinsurance	One Child	Two Children	All (3+) Children
$500	80% / 20%	$10,000	60% / 40%	$171.87	$343.77	$515.67
$1,000	80% / 20%	$10,000	60% / 40%	$151.89	$303.78	$455.67
$2,500	100% / 0%	Not Applicable	80% / 20%	$132.29	$264.62	$396.91
$5,000	100% / 0%	Not Applicable	80% / 20%	$101.81	$203.57	$305.36
$10,000	100% / 0%	Not Applicable	80% / 20%	$78.12	$156.20	$234.31
$15,000	100% / 0%	Not Applicable	80% / 20%	$65.18	$130.39	$195.57
$20,000	100% / 0%	Not Applicable	80% / 20%	$59.15	$118.38	$177.53
$25,000	100% / 0%	Not Applicable	80% / 20%	$52.50	$105.03	$157.50

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

Deductible	In Network Coinsurance	In Network Stop Loss Amount	Out of Network Coinsurance	Maternity Rider
$500	80% / 20%	No Limit	60% / 40%	$306.92
$1,000	80% / 20%	No Limit	60% / 40%	$290.03
$2,500	100% / 0%	Not Applicable	80% / 20%	$281.39
$5,000	100% / 0%	Not Applicable	80% / 20%	$243.09
$10,000	100% / 0%	Not Applicable	80% / 20%	$96.28
$15,000	100% / 0%	Not Applicable	80% / 20%	$64.19
$20,000	100% / 0%	Not Applicable	80% / 20%	$48.16
$25,000	100% / 0%	Not Applicable	80% / 20%	$32.09

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	$10
Tier 2 Copay (Preferred Brands)	$35
Tier 3 Copay (Non-Preferred Brands)	$70

Attained Age	Female	Male	Attained Age	Female	Male
0	$32.99	$32.99	35	$134.88	$83.45
1	$32.99	$32.99	36	$134.88	$83.45
2	$32.99	$32.99	37	$134.88	$83.45
3	$32.99	$32.99	38	$134.88	$83.45
4	$32.99	$32.99	39	$134.88	$83.45
5	$32.99	$32.99	40	$134.88	$83.45
6	$32.99	$32.99	41	$134.88	$83.45
7	$32.99	$32.99	42	$134.88	$83.45
8	$32.99	$32.99	43	$134.88	$83.45
9	$32.99	$32.99	44	$134.88	$83.45
10	$32.99	$32.99	45	$137.63	$91.76
11	$32.99	$32.99	46	$137.63	$100.01
12	$32.99	$32.99	47	$137.63	$108.28
13	$32.99	$32.99	48	$137.63	$114.65
14	$32.99	$32.99	49	$137.63	$120.97
15	$32.99	$32.99	50	$140.77	$127.34
16	$46.54	$32.99	51	$143.93	$133.70
17	$60.13	$32.99	52	$147.11	$139.95
18	$73.75	$38.24	53	$163.77	$146.76
19	$87.29	$38.24	54	$180.38	$153.57
20	$100.84	$38.24	55	$197.05	$160.42
21	$100.84	$38.24	56	$213.64	$167.20
22	$100.84	$38.24	57	$230.29	$174.10
23	$100.84	$38.24	58	$235.31	$181.17
24	$100.84	$38.24	59	$240.28	$188.24
25	$115.55	$43.47	60	$245.33	$195.26
26	$115.55	$48.68	61	$250.32	$202.40
27	$115.55	$53.90	62	$255.34	$209.39
28	$115.55	$59.10	63	$263.68	$222.83
29	$115.55	$64.34	64	$272.04	$236.27
30	$128.59	$69.51	65	$280.37	$249.74
31	$128.59	$69.51	66	$280.37	$249.74
32	$128.59	$69.51	67	$280.37	$249.74
33	$128.59	$69.51	68	$280.37	$249.74
34	$128.59	$69.51	69	$280.37	$249.74

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	$10
Tier 2 Copay (Preferred Brands)	$35
Tier 3 Copay (Non-Preferred Brands)	$70

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
15	$32.99	$32.99	43	$83.45	$134.88
16	$32.99	$46.54	44	$83.45	$134.88
17	$32.99	$60.13	45	$83.45	$134.88
18	$38.24	$73.75	46	$83.45	$134.88
19	$38.24	$87.29	47	$91.76	$137.63
20	$38.24	$87.29	48	$100.01	$137.63
21	$38.24	$100.84	49	$108.28	$137.63
22	$38.24	$100.84	50	$114.65	$137.63
23	$38.24	$100.84	51	$120.97	$137.63
24	$38.24	$100.84	52	$127.34	$140.77
25	$38.24	$100.84	53	$133.70	$143.93
26	$38.24	$100.84	54	$139.95	$147.11
27	$43.47	$115.55	55	$146.76	$163.77
28	$48.68	$115.55	56	$153.57	$180.38
29	$53.90	$115.55	57	$160.42	$197.05
30	$59.10	$115.55	58	$167.20	$213.64
31	$64.34	$115.55	59	$174.10	$230.29
32	$69.51	$128.59	60	$181.17	$235.31
33	$69.51	$128.59	61	$193.16	$243.70
34	$69.51	$128.59	62	$205.98	$252.41
35	$69.51	$128.59	63	$219.67	$261.43
36	$69.51	$128.59	64	$234.25	$270.74
37	$83.45	$134.88	65	$249.74	$280.37
38	$83.45	$134.88	66	$249.74	$280.37
39	$83.45	$134.88	67	$249.74	$280.37
40	$83.45	$134.88	68	$249.74	$280.37
41	$83.45	$134.88	69	$249.74	$280.37
42	$83.45	$134.88			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	$37.75	$75.44	$113.16

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-259 7-09, et al

Policy Form: Mental Health Parity Rider

	Deductible	$500	$1,000
	In Network Coinsurance	80% / 20%	80% / 20%
	In Network Stop Loss Amount	$10,000	$10,000
	Out of Network Coinsurance	60% / 40%	60% / 40%
Individual	All Ages	$161.11	$142.31
Spouse	All Ages	$145.00	$128.14
One Dependent Child	All Ages	$145.00	$128.14
Two Dependent Children	All Ages	$289.95	$256.22
Three or More Dependent Children	All Ages	$434.98	$384.43

	Deductible	$2,500	$5,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	$124.02	$95.35
Spouse	All Ages	$111.62	$85.87
One Dependent Child	All Ages	$111.62	$85.87
Two Dependent Children	All Ages	$223.22	$171.65
Three or More Dependent Children	All Ages	$334.84	$257.50

	Deductible	$10,000	$15,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	$73.17	$61.06
Spouse	All Ages	$65.83	$55.00
One Dependent Child	All Ages	$65.83	$55.00
Two Dependent Children	All Ages	$131.70	$109.95
Three or More Dependent Children	All Ages	$197.58	$164.96

	Deductible	$20,000	$25,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	$55.50	$49.21
Spouse	All Ages	$49.95	$44.30
One Dependent Child	All Ages	$49.95	$44.30
Two Dependent Children	All Ages	$99.79	$88.54
Three or More Dependent Children	All Ages	$149.76	$132.92

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$500	$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$510.63	$510.63	35	$363.68	$232.36
1	$510.63	$510.63	36	$373.37	$241.48
2	$164.30	$164.30	37	$382.53	$250.89
3	$164.30	$164.30	38	$393.42	$262.99
4	$164.30	$164.30	39	$404.31	$275.02
5	$164.30	$164.30	40	$415.17	$287.08
6	$164.30	$164.30	41	$426.12	$299.15
7	$164.30	$164.30	42	$462.90	$311.54
8	$164.30	$164.30	43	$477.93	$330.40
9	$164.30	$164.30	44	$493.24	$348.96
10	$164.30	$164.30	45	$508.58	$367.48
11	$164.30	$164.30	46	$523.88	$386.36
12	$164.30	$164.30	47	$538.61	$405.23
13	$180.51	$164.30	48	$560.72	$432.28
14	$180.51	$164.30	49	$582.79	$459.72
15	$180.51	$164.30	50	$604.54	$486.78
16	$189.07	$164.30	51	$626.66	$513.85
17	$197.58	$164.30	52	$649.05	$540.96
18	$201.74	$166.37	53	$676.11	$579.84
19	$205.82	$166.37	54	$703.50	$637.22
20	$205.82	$166.37	55	$730.57	$697.01
21	$213.81	$166.37	56	$757.71	$759.17
22	$221.77	$166.37	57	$784.78	$824.25
23	$229.67	$166.37	58	$818.97	$884.89
24	$244.42	$166.37	59	$852.79	$946.47
25	$265.63	$172.84	60	$886.96	$1,008.88
26	$271.51	$180.22	61	$920.83	$1,072.50
27	$277.40	$182.32	62	$954.40	$1,136.38
28	$283.29	$184.67	63	$1,005.94	$1,207.97
29	$289.18	$187.01	64	$1,057.15	$1,279.80
30	$308.01	$189.07	65	$1,211.79	$1,494.74
31	$321.00	$194.64	66	$1,211.79	$1,494.74
32	$333.92	$205.55	67	$1,211.79	$1,494.74
33	$343.94	$214.67	68	$1,211.79	$1,494.74
34	$353.66	$223.53	69	$1,211.79	$1,494.74

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$1,000	$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$451.20	$451.20	35	$321.36	$205.32
1	$451.20	$451.20	36	$329.97	$213.36
2	$145.18	$145.18	37	$338.00	$221.68
3	$145.18	$145.18	38	$347.62	$232.36
4	$145.18	$145.18	39	$357.24	$242.98
5	$145.18	$145.18	40	$366.89	$253.70
6	$145.18	$145.18	41	$376.48	$264.38
7	$145.18	$145.18	42	$409.05	$275.30
8	$145.18	$145.18	43	$422.32	$291.96
9	$145.18	$145.18	44	$435.85	$308.32
10	$145.18	$145.18	45	$449.35	$324.77
11	$145.18	$145.18	46	$462.90	$341.39
12	$145.18	$145.18	47	$475.87	$358.02
13	$159.46	$145.18	48	$495.43	$382.01
14	$159.46	$145.18	49	$514.94	$406.15
15	$159.46	$145.18	50	$534.18	$430.10
16	$167.00	$145.18	51	$553.67	$454.03
17	$174.58	$145.18	52	$573.49	$477.97
18	$178.23	$147.03	53	$597.44	$512.36
19	$181.86	$147.03	54	$621.63	$563.08
20	$181.86	$147.03	55	$645.52	$615.86
21	$188.87	$147.03	56	$669.47	$670.82
22	$195.95	$147.03	57	$693.41	$728.29
23	$202.96	$147.03	58	$723.59	$781.90
24	$215.99	$147.03	59	$753.52	$836.29
25	$234.71	$152.70	60	$783.69	$891.46
26	$239.89	$159.25	61	$813.67	$947.63
27	$245.15	$161.07	62	$843.31	$1,004.12
28	$250.31	$163.16	63	$888.85	$1,067.31
29	$255.51	$165.21	64	$934.14	$1,130.85
30	$272.15	$167.00	65	$1,070.72	$1,320.76
31	$283.59	$171.96	66	$1,070.72	$1,320.76
32	$295.04	$181.63	67	$1,070.72	$1,320.76
33	$303.92	$189.68	68	$1,070.72	$1,320.76
34	$312.51	$197.48	69	$1,070.72	$1,320.76

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$2,500	$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$393.05	$393.05	35	$279.93	$178.84
1	$393.05	$393.05	36	$287.40	$185.89
2	$126.47	$126.47	37	$294.42	$193.12
3	$126.47	$126.47	38	$302.84	$202.41
4	$126.47	$126.47	39	$311.20	$211.68
5	$126.47	$126.47	40	$319.59	$220.96
6	$126.47	$126.47	41	$327.98	$230.29
7	$126.47	$126.47	42	$356.32	$239.79
8	$126.47	$126.47	43	$367.88	$254.27
9	$126.47	$126.47	44	$379.68	$268.59
10	$126.47	$126.47	45	$391.44	$282.87
11	$126.47	$126.47	46	$403.27	$297.38
12	$126.47	$126.47	47	$414.55	$311.88
13	$138.92	$126.47	48	$431.55	$332.72
14	$138.92	$126.47	49	$448.58	$353.81
15	$138.92	$126.47	50	$465.31	$374.67
16	$145.53	$126.47	51	$482.34	$395.54
17	$152.07	$126.47	52	$499.57	$416.37
18	$155.30	$128.07	53	$520.39	$446.31
19	$158.46	$128.07	54	$541.46	$490.52
20	$158.46	$128.07	55	$562.36	$536.50
21	$164.54	$128.07	56	$583.18	$584.36
22	$170.68	$128.07	57	$604.10	$634.42
23	$176.82	$128.07	58	$630.32	$681.12
24	$188.10	$128.07	59	$656.44	$728.47
25	$204.44	$133.03	60	$682.72	$776.52
26	$209.00	$138.73	61	$708.78	$825.48
27	$213.46	$140.34	62	$734.60	$874.69
28	$218.02	$142.12	63	$774.30	$929.79
29	$222.53	$143.91	64	$813.74	$985.07
30	$237.08	$145.53	65	$932.70	$1,150.54
31	$247.06	$149.84	66	$932.70	$1,150.54
32	$257.01	$158.18	67	$932.70	$1,150.54
33	$264.77	$165.22	68	$932.70	$1,150.54
34	$272.22	$172.07	69	$932.70	$1,150.54

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$5,000	$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$302.29	$302.29	35	$215.32	$137.55
1	$302.29	$302.29	36	$221.05	$142.95
2	$97.27	$97.27	37	$226.45	$148.52
3	$97.27	$97.27	38	$232.91	$155.70
4	$97.27	$97.27	39	$239.37	$162.85
5	$97.27	$97.27	40	$245.79	$169.99
6	$97.27	$97.27	41	$252.25	$177.13
7	$97.27	$97.27	42	$274.09	$184.46
8	$97.27	$97.27	43	$282.95	$195.58
9	$97.27	$97.27	44	$292.01	$206.56
10	$97.27	$97.27	45	$301.07	$217.55
11	$97.27	$97.27	46	$310.11	$228.68
12	$97.27	$97.27	47	$318.86	$239.88
13	$106.89	$97.27	48	$331.96	$255.91
14	$106.89	$97.27	49	$344.98	$272.13
15	$106.89	$97.27	50	$357.92	$288.14
16	$111.93	$97.27	51	$371.01	$304.20
17	$116.98	$97.27	52	$384.19	$320.28
18	$119.37	$98.50	53	$400.24	$343.23
19	$121.87	$98.50	54	$416.45	$377.28
20	$121.87	$98.50	55	$432.47	$412.64
21	$126.57	$98.50	56	$448.52	$449.38
22	$131.26	$98.50	57	$464.57	$487.93
23	$135.93	$98.50	58	$484.83	$523.83
24	$144.70	$98.50	59	$504.85	$560.28
25	$157.28	$102.33	60	$525.07	$597.26
26	$160.73	$106.72	61	$545.13	$634.89
27	$164.24	$107.91	62	$565.03	$672.74
28	$167.69	$109.28	63	$595.48	$715.12
29	$171.24	$110.71	64	$625.84	$757.62
30	$182.33	$111.93	65	$717.34	$884.89
31	$190.03	$115.20	66	$717.34	$884.89
32	$197.69	$121.67	67	$717.34	$884.89
33	$203.64	$127.06	68	$717.34	$884.89
34	$209.35	$132.35	69	$717.34	$884.89

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$10,000	$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$232.00	$232.00	35	$165.21	$105.55
1	$232.00	$232.00	36	$169.62	$109.72
2	$74.66	$74.66	37	$173.73	$114.00
3	$74.66	$74.66	38	$178.78	$119.47
4	$74.66	$74.66	39	$183.68	$124.91
5	$74.66	$74.66	40	$188.62	$130.47
6	$74.66	$74.66	41	$193.58	$135.91
7	$74.66	$74.66	42	$210.33	$141.51
8	$74.66	$74.66	43	$217.15	$150.08
9	$74.66	$74.66	44	$224.12	$158.53
10	$74.66	$74.66	45	$231.05	$166.97
11	$74.66	$74.66	46	$238.01	$175.51
12	$74.66	$74.66	47	$244.71	$184.08
13	$82.05	$74.66	48	$254.71	$196.38
14	$82.05	$74.66	49	$264.78	$208.85
15	$82.05	$74.66	50	$274.68	$221.16
16	$85.90	$74.66	51	$284.68	$233.48
17	$89.79	$74.66	52	$294.88	$245.78
18	$91.65	$75.61	53	$307.17	$263.43
19	$93.52	$75.61	54	$319.60	$289.49
20	$93.52	$75.61	55	$331.96	$316.65
21	$97.15	$75.61	56	$344.23	$344.92
22	$100.74	$75.61	57	$356.54	$374.48
23	$104.35	$75.61	58	$372.12	$402.02
24	$111.06	$75.61	59	$387.42	$429.98
25	$120.70	$78.58	60	$402.99	$458.36
26	$123.39	$81.86	61	$418.37	$487.29
27	$126.00	$82.78	62	$433.55	$516.26
28	$128.70	$83.85	63	$457.01	$548.78
29	$131.37	$84.97	64	$480.30	$581.42
30	$139.97	$85.90	65	$550.53	$679.09
31	$145.83	$88.42	66	$550.53	$679.09
32	$151.70	$93.35	67	$550.53	$679.09
33	$156.31	$97.54	68	$550.53	$679.09
34	$160.71	$101.52	69	$550.53	$679.09

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$15,000	$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$193.61	$193.61	35	$137.94	$88.10
1	$193.61	$193.61	36	$141.60	$91.56
2	$62.28	$62.28	37	$145.08	$95.10
3	$62.28	$62.28	38	$149.18	$99.73
4	$62.28	$62.28	39	$153.36	$104.34
5	$62.28	$62.28	40	$157.48	$108.87
6	$62.28	$62.28	41	$161.62	$113.44
7	$62.28	$62.28	42	$175.58	$118.13
8	$62.28	$62.28	43	$181.22	$125.27
9	$62.28	$62.28	44	$187.07	$132.37
10	$62.28	$62.28	45	$192.90	$139.37
11	$62.28	$62.28	46	$198.69	$146.51
12	$62.28	$62.28	47	$204.25	$153.69
13	$68.45	$62.28	48	$212.59	$163.96
14	$68.45	$62.28	49	$220.96	$174.31
15	$68.45	$62.28	50	$229.23	$184.66
16	$71.69	$62.28	51	$237.67	$194.88
17	$74.90	$62.28	52	$246.15	$205.15
18	$76.51	$63.11	53	$256.40	$219.89
19	$78.03	$63.11	54	$266.81	$241.65
20	$78.03	$63.11	55	$277.08	$264.34
21	$81.05	$63.11	56	$287.32	$287.90
22	$84.06	$63.11	57	$297.59	$312.55
23	$87.09	$63.11	58	$310.56	$335.59
24	$92.67	$63.11	59	$323.38	$358.95
25	$100.74	$65.53	60	$336.34	$382.59
26	$102.97	$68.31	61	$349.23	$406.73
27	$105.19	$69.14	62	$361.92	$430.96
28	$107.45	$70.03	63	$381.47	$458.10
29	$109.65	$70.92	64	$400.90	$485.34
30	$116.82	$71.69	65	$459.56	$566.84
31	$121.68	$73.82	66	$459.56	$566.84
32	$126.62	$77.96	67	$459.56	$566.84
33	$130.41	$81.46	68	$459.56	$566.84
34	$134.13	$84.74	69	$459.56	$566.84

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$20,000	$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$175.77	$175.77	35	$125.11	$79.94
1	$175.77	$175.77	36	$128.54	$83.12
2	$56.55	$56.55	37	$131.62	$86.37
3	$56.55	$56.55	38	$135.39	$90.52
4	$56.55	$56.55	39	$139.16	$94.66
5	$56.55	$56.55	40	$142.93	$98.79
6	$56.55	$56.55	41	$146.66	$102.99
7	$56.55	$56.55	42	$159.31	$107.27
8	$56.55	$56.55	43	$164.52	$113.70
9	$56.55	$56.55	44	$169.77	$120.10
10	$56.55	$56.55	45	$175.04	$126.47
11	$56.55	$56.55	46	$180.31	$132.97
12	$56.55	$56.55	47	$185.37	$139.46
13	$62.15	$56.55	48	$192.94	$148.82
14	$62.15	$56.55	49	$200.61	$158.18
15	$62.15	$56.55	50	$208.07	$167.55
16	$65.08	$56.55	51	$215.71	$176.88
17	$68.04	$56.55	52	$223.38	$186.21
18	$69.39	$57.30	53	$232.70	$199.58
19	$70.86	$57.30	54	$242.11	$219.31
20	$70.86	$57.30	55	$251.43	$239.89
21	$73.63	$57.30	56	$260.75	$261.29
22	$76.32	$57.30	57	$270.07	$283.74
23	$79.02	$57.30	58	$281.82	$304.57
24	$84.12	$57.30	59	$293.54	$325.74
25	$91.39	$59.51	60	$305.25	$347.26
26	$93.48	$62.02	61	$316.91	$369.10
27	$95.48	$62.77	62	$328.50	$391.10
28	$97.54	$63.55	63	$346.19	$415.73
29	$99.50	$64.37	64	$363.87	$440.46
30	$106.02	$65.08	65	$417.08	$514.50
31	$110.47	$66.98	66	$417.08	$514.50
32	$114.95	$70.75	67	$417.08	$514.50
33	$118.38	$73.88	68	$417.08	$514.50
34	$121.68	$76.90	69	$417.08	$514.50

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$25,000	$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$155.90	$155.90	35	$111.06	$70.95
1	$155.90	$155.90	36	$114.02	$73.72
2	$50.18	$50.18	37	$116.82	$76.62
3	$50.18	$50.18	38	$120.15	$80.32
4	$50.18	$50.18	39	$123.47	$84.02
5	$50.18	$50.18	40	$126.81	$87.70
6	$50.18	$50.18	41	$130.10	$91.38
7	$50.18	$50.18	42	$141.37	$95.10
8	$50.18	$50.18	43	$145.95	$100.87
9	$50.18	$50.18	44	$150.63	$106.55
10	$50.18	$50.18	45	$155.32	$112.27
11	$50.18	$50.18	46	$159.97	$118.00
12	$50.18	$50.18	47	$164.50	$123.78
13	$55.13	$50.18	48	$171.26	$132.03
14	$55.13	$50.18	49	$177.97	$140.36
15	$55.13	$50.18	50	$184.66	$148.67
16	$57.73	$50.18	51	$191.38	$156.97
17	$60.32	$50.18	52	$198.19	$165.21
18	$61.61	$50.79	53	$206.47	$177.07
19	$62.84	$50.79	54	$214.84	$194.59
20	$62.84	$50.79	55	$223.11	$212.85
21	$65.30	$50.79	56	$231.37	$231.81
22	$67.69	$50.79	57	$239.67	$251.70
23	$70.15	$50.79	58	$250.12	$270.22
24	$74.66	$50.79	59	$260.43	$289.02
25	$81.10	$52.79	60	$270.88	$308.09
26	$82.95	$55.03	61	$281.22	$327.51
27	$84.73	$55.67	62	$291.46	$347.02
28	$86.49	$56.35	63	$307.19	$368.86
29	$88.33	$57.09	64	$322.84	$390.81
30	$94.09	$57.73	65	$370.03	$456.45
31	$98.01	$59.45	66	$370.03	$456.45
32	$101.96	$62.77	67	$370.03	$456.45
33	$105.03	$65.53	68	$370.03	$456.45
34	$107.98	$68.28	69	$370.03	$456.45

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$500	$1,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$163.65	$179.75	43	$297.96	$424.41
16	$163.65	$188.28	44	$310.29	$461.05
17	$163.65	$196.75	45	$329.07	$476.02
18	$165.71	$200.90	46	$347.54	$491.31
19	$165.71	$204.99	47	$366.02	$506.50
20	$165.71	$204.99	48	$384.78	$521.78
21	$165.71	$204.99	49	$403.63	$536.47
22	$165.71	$212.98	50	$430.56	$558.42
23	$165.71	$220.91	51	$457.85	$580.45
24	$165.71	$228.78	52	$484.85	$602.14
25	$165.71	$228.78	53	$511.78	$624.15
26	$165.71	$243.45	54	$538.76	$646.41
27	$172.16	$264.57	55	$577.50	$673.43
28	$179.48	$270.40	56	$634.66	$700.71
29	$181.56	$276.27	57	$694.24	$727.68
30	$183.90	$282.14	58	$756.13	$754.69
31	$186.26	$287.99	59	$820.93	$781.68
32	$188.28	$306.79	60	$881.34	$815.69
33	$193.88	$319.70	61	$942.65	$849.39
34	$204.74	$332.59	62	$1,004.86	$883.42
35	$213.85	$342.58	63	$1,068.19	$917.16
36	$222.65	$352.28	64	$1,131.83	$950.58
37	$231.44	$362.23	65	$1,203.10	$1,001.94
38	$240.48	$371.91	66	$1,203.10	$1,001.94
39	$249.91	$380.97	67	$1,203.10	$1,001.94
40	$261.93	$391.84	68	$1,203.10	$1,001.94
41	$273.95	$402.70	69	$1,203.10	$1,001.94
42	$285.95	$413.55			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$1,000	$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$144.58	$158.85	43	$263.31	$375.01
16	$144.58	$166.37	44	$274.19	$407.39
17	$144.58	$173.85	45	$290.80	$420.60
18	$146.42	$177.50	46	$307.11	$434.09
19	$146.42	$181.17	47	$323.47	$447.55
20	$146.42	$181.17	48	$340.02	$461.05
21	$146.42	$181.17	49	$356.61	$474.01
22	$146.42	$188.10	50	$380.41	$493.46
23	$146.42	$195.20	51	$404.54	$512.89
24	$146.42	$202.15	52	$428.40	$532.05
25	$146.42	$202.15	53	$452.23	$551.50
26	$146.42	$215.07	54	$476.09	$571.21
27	$152.08	$233.77	55	$510.31	$595.05
28	$158.60	$238.92	56	$560.85	$619.08
29	$160.45	$244.14	57	$613.43	$642.97
30	$162.48	$249.27	58	$668.11	$666.80
31	$164.54	$254.52	59	$725.39	$690.69
32	$166.37	$271.06	60	$778.80	$720.75
33	$171.28	$282.51	61	$832.97	$750.55
34	$180.90	$293.87	62	$887.88	$780.60
35	$188.96	$302.63	63	$943.86	$810.39
36	$196.71	$311.26	64	$1,000.09	$839.97
37	$204.55	$320.08	65	$1,063.06	$885.30
38	$212.53	$328.59	66	$1,063.06	$885.30
39	$220.78	$336.67	67	$1,063.06	$885.30
40	$231.44	$346.19	68	$1,063.06	$885.30
41	$242.02	$355.80	69	$1,063.06	$885.30
42	$252.65	$365.43			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$2,500	$5,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$125.99	$138.38	43	$229.39	$326.65
16	$125.99	$144.91	44	$238.86	$354.87
17	$125.99	$151.46	45	$253.34	$366.44
18	$127.55	$154.61	46	$267.45	$378.19
19	$127.55	$157.85	47	$281.75	$389.88
20	$127.55	$157.85	48	$296.18	$401.64
21	$127.55	$157.85	49	$310.64	$412.96
22	$127.55	$163.90	50	$331.42	$429.85
23	$127.55	$170.01	51	$352.45	$446.76
24	$127.55	$176.07	52	$373.17	$463.50
25	$127.55	$176.07	53	$393.95	$480.45
26	$127.55	$187.40	54	$414.74	$497.59
27	$132.49	$203.67	55	$444.50	$518.33
28	$138.20	$208.17	56	$488.51	$539.32
29	$139.75	$212.69	57	$534.35	$560.12
30	$141.55	$217.16	58	$582.00	$580.86
31	$143.33	$221.68	59	$631.93	$601.61
32	$144.91	$236.12	60	$678.39	$627.82
33	$149.20	$246.05	61	$725.56	$653.78
34	$157.55	$256.02	62	$773.45	$679.95
35	$164.62	$263.68	63	$822.22	$705.93
36	$171.34	$271.14	64	$871.14	$731.68
37	$178.12	$278.79	65	$926.03	$771.17
38	$185.11	$286.26	66	$926.03	$771.17
39	$192.32	$293.25	67	$926.03	$771.17
40	$201.60	$301.58	68	$926.03	$771.17
41	$210.86	$309.95	69	$926.03	$771.17
42	$220.09	$318.36			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$5,000	$10,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$96.85	$106.40	43	$176.40	$251.22
16	$96.85	$111.44	44	$183.68	$272.98
17	$96.85	$116.54	45	$194.85	$281.81
18	$98.12	$118.94	46	$205.73	$290.82
19	$98.12	$121.33	47	$216.65	$299.84
20	$98.12	$121.33	48	$227.78	$308.91
21	$98.12	$121.33	49	$238.89	$317.56
22	$98.12	$126.08	50	$254.90	$330.60
23	$98.12	$130.70	51	$271.04	$343.63
24	$98.12	$135.45	52	$287.02	$356.43
25	$98.12	$135.45	53	$302.99	$369.50
26	$98.12	$144.11	54	$319.01	$382.65
27	$101.92	$156.59	55	$341.89	$398.65
28	$106.30	$160.11	56	$375.72	$414.83
29	$107.49	$163.58	57	$411.01	$430.81
30	$108.87	$167.00	58	$447.59	$446.71
31	$110.23	$170.46	59	$486.02	$462.71
32	$111.44	$181.61	60	$521.76	$482.87
33	$114.77	$189.22	61	$558.05	$502.83
34	$121.21	$196.91	62	$594.86	$522.95
35	$126.60	$202.81	63	$632.38	$542.92
36	$131.77	$208.51	64	$670.03	$562.73
37	$137.01	$214.45	65	$712.29	$593.10
38	$142.36	$220.12	66	$712.29	$593.10
39	$147.92	$225.53	67	$712.29	$593.10
40	$155.03	$231.99	68	$712.29	$593.10
41	$162.17	$238.44	69	$712.29	$593.10
42	$169.32	$244.77			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$10,000	$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$74.31	$81.68	43	$135.39	$192.83
16	$74.31	$85.51	44	$140.98	$209.49
17	$74.31	$89.41	45	$149.48	$216.26
18	$75.28	$91.32	46	$157.89	$223.19
19	$75.28	$93.14	47	$166.30	$230.16
20	$75.28	$93.14	48	$174.80	$237.05
21	$75.28	$93.14	49	$183.33	$243.70
22	$75.28	$96.75	50	$195.60	$253.73
23	$75.28	$100.37	51	$208.00	$263.69
24	$75.28	$103.96	52	$220.31	$273.58
25	$75.28	$103.96	53	$232.51	$283.57
26	$75.28	$110.61	54	$244.74	$293.68
27	$78.24	$120.18	55	$262.39	$305.98
28	$81.55	$122.88	56	$288.39	$318.37
29	$82.47	$125.51	57	$315.43	$330.60
30	$83.53	$128.14	58	$343.57	$342.87
31	$84.60	$130.86	59	$372.99	$355.08
32	$85.51	$139.37	60	$400.41	$370.57
33	$88.07	$145.20	61	$428.25	$385.90
34	$93.00	$151.10	62	$456.55	$401.32
35	$97.15	$155.63	63	$485.31	$416.67
36	$101.13	$160.06	64	$514.21	$431.85
37	$105.16	$164.54	65	$546.60	$455.18
38	$109.27	$168.94	66	$546.60	$455.18
39	$113.55	$173.07	67	$546.60	$455.18
40	$118.97	$178.04	68	$546.60	$455.18
41	$124.46	$182.95	69	$546.60	$455.18
42	$129.90	$187.89			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$15,000	$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$62.03	$68.19	43	$113.02	$161.02
16	$62.03	$71.43	44	$117.69	$174.87
17	$62.03	$74.61	45	$124.83	$180.51
18	$62.84	$76.18	46	$131.80	$186.31
19	$62.84	$77.74	47	$138.81	$192.07
20	$62.84	$77.74	48	$145.91	$197.88
21	$62.84	$77.74	49	$153.07	$203.46
22	$62.84	$80.73	50	$163.27	$211.83
23	$62.84	$83.72	51	$173.63	$220.09
24	$62.84	$86.76	52	$183.89	$228.35
25	$62.84	$86.76	53	$194.09	$236.70
26	$62.84	$92.29	54	$204.33	$245.17
27	$65.32	$100.37	55	$218.99	$255.37
28	$68.07	$102.54	56	$240.65	$265.75
29	$68.90	$104.77	57	$263.30	$275.96
30	$69.75	$107.02	58	$286.70	$286.16
31	$70.64	$109.26	59	$311.28	$296.38
32	$71.43	$116.38	60	$334.22	$309.31
33	$73.56	$121.22	61	$357.45	$322.12
34	$77.61	$126.15	62	$381.04	$335.02
35	$81.10	$129.89	63	$405.09	$347.79
36	$84.42	$133.63	64	$429.21	$360.47
37	$87.76	$137.37	65	$456.21	$379.95
38	$91.21	$141.05	66	$456.21	$379.95
39	$94.75	$144.47	67	$456.21	$379.95
40	$99.37	$148.60	68	$456.21	$379.95
41	$103.88	$152.70	69	$456.21	$379.95
42	$108.47	$156.88			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$20,000	$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$56.33	$61.88	43	$102.60	$146.05
16	$56.33	$64.82	44	$106.78	$158.69
17	$56.33	$67.78	45	$113.21	$163.88
18	$57.03	$69.14	46	$119.61	$169.13
19	$57.03	$70.56	47	$125.99	$174.31
20	$57.03	$70.56	48	$132.46	$179.53
21	$57.03	$70.56	49	$138.89	$184.67
22	$57.03	$73.29	50	$148.21	$192.19
23	$57.03	$76.00	51	$157.55	$199.77
24	$57.03	$78.75	52	$166.84	$207.27
25	$57.03	$78.75	53	$176.17	$214.83
26	$57.03	$83.81	54	$185.47	$222.48
27	$59.27	$91.06	55	$198.71	$231.79
28	$61.76	$93.03	56	$218.43	$241.15
29	$62.48	$95.08	57	$238.92	$250.47
30	$63.36	$97.15	58	$260.24	$259.67
31	$64.14	$99.16	59	$282.57	$268.98
32	$64.82	$105.56	60	$303.35	$280.73
33	$66.70	$109.99	61	$324.45	$292.40
34	$70.45	$114.52	62	$345.81	$304.06
35	$73.63	$117.89	63	$367.63	$315.65
36	$76.62	$121.22	64	$389.58	$327.21
37	$79.70	$124.65	65	$414.10	$344.84
38	$82.77	$127.97	66	$414.10	$344.84
39	$85.99	$131.14	67	$414.10	$344.84
40	$90.15	$134.83	68	$414.10	$344.84
41	$94.32	$138.61	69	$414.10	$344.84
42	$98.42	$142.34			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

	In Network	Out of Network
Deductible	$25,000	$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
15	$49.98	$54.91	43	$91.01	$129.58
16	$49.98	$57.51	44	$94.75	$140.79
17	$49.98	$60.07	45	$100.49	$145.35
18	$50.57	$61.39	46	$106.14	$150.04
19	$50.57	$62.60	47	$111.80	$154.68
20	$50.57	$62.60	48	$117.52	$159.34
21	$50.57	$62.60	49	$123.28	$163.77
22	$50.57	$65.01	50	$131.52	$170.51
23	$50.57	$67.42	51	$139.80	$177.27
24	$50.57	$69.86	52	$148.11	$183.89
25	$50.57	$69.86	53	$156.34	$190.59
26	$50.57	$74.31	54	$164.54	$197.37
27	$52.55	$80.77	55	$176.33	$205.62
28	$54.86	$82.64	56	$193.79	$214.03
29	$55.49	$84.40	57	$212.00	$222.22
30	$56.14	$86.16	58	$230.92	$230.45
31	$56.85	$87.96	59	$250.70	$238.71
32	$57.51	$93.73	60	$269.14	$249.08
33	$59.19	$97.60	61	$287.90	$259.37
34	$62.48	$101.52	62	$306.86	$269.77
35	$65.32	$104.58	63	$326.23	$280.09
36	$68.01	$107.57	64	$345.60	$290.29
37	$70.72	$110.61	65	$367.41	$305.99
38	$73.45	$113.59	66	$367.41	$305.99
39	$76.28	$116.38	67	$367.41	$305.99
40	$79.94	$119.65	68	$367.41	$305.99
41	$83.65	$122.98	69	$367.41	$305.99
42	$87.33	$126.32			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

Deductible	In Network Coinsurance	In Network Stop Loss Amount	Out of Network Coinsurance	One Child	Two Children	All (3+) Children
$500	80% / 20%	$10,000	60% / 40%	$187.87	$375.69	$563.54
$1,000	80% / 20%	$10,000	60% / 40%	$165.99	$331.98	$497.97
$2,500	100% / 0%	Not Applicable	80% / 20%	$144.58	$289.18	$433.77
$5,000	100% / 0%	Not Applicable	80% / 20%	$111.23	$222.47	$333.68
$10,000	100% / 0%	Not Applicable	80% / 20%	$85.33	$170.68	$256.02
$15,000	100% / 0%	Not Applicable	80% / 20%	$71.24	$142.49	$213.71
$20,000	100% / 0%	Not Applicable	80% / 20%	$64.65	$129.39	$194.04
$25,000	100% / 0%	Not Applicable	80% / 20%	$57.36	$114.77	$172.16

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

Deductible	In Network Coinsurance	In Network Stop Loss Amount	Out of Network Coinsurance	Maternity Rider
$500	80% / 20%	No Limit	60% / 40%	$335.39
$1,000	80% / 20%	No Limit	60% / 40%	$316.93
$2,500	100% / 0%	Not Applicable	80% / 20%	$307.50
$5,000	100% / 0%	Not Applicable	80% / 20%	$265.65
$10,000	100% / 0%	Not Applicable	80% / 20%	$105.22
$15,000	100% / 0%	Not Applicable	80% / 20%	$70.15
$20,000	100% / 0%	Not Applicable	80% / 20%	$52.64
$25,000	100% / 0%	Not Applicable	80% / 20%	$35.08

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	$10
Tier 2 Copay (Preferred Brands)	$35
Tier 3 Copay (Non-Preferred Brands)	$70

Attained Age	Female	Male	Attained Age	Female	Male
0	$36.03	$36.03	35	$147.40	$91.19
1	$36.03	$36.03	36	$147.40	$91.19
2	$36.03	$36.03	37	$147.40	$91.19
3	$36.03	$36.03	38	$147.40	$91.19
4	$36.03	$36.03	39	$147.40	$91.19
5	$36.03	$36.03	40	$147.40	$91.19
6	$36.03	$36.03	41	$147.40	$91.19
7	$36.03	$36.03	42	$147.40	$91.19
8	$36.03	$36.03	43	$147.40	$91.19
9	$36.03	$36.03	44	$147.40	$91.19
10	$36.03	$36.03	45	$150.44	$100.27
11	$36.03	$36.03	46	$150.44	$109.28
12	$36.03	$36.03	47	$150.44	$118.37
13	$36.03	$36.03	48	$150.44	$125.26
14	$36.03	$36.03	49	$150.44	$132.22
15	$36.03	$36.03	50	$153.83	$139.16
16	$50.93	$36.03	51	$157.31	$146.05
17	$65.72	$36.03	52	$160.78	$152.95
18	$80.57	$41.76	53	$178.99	$160.41
19	$95.42	$41.76	54	$197.10	$167.83
20	$110.18	$41.76	55	$215.32	$175.28
21	$110.18	$41.76	56	$233.48	$182.76
22	$110.18	$41.76	57	$251.69	$190.27
23	$110.18	$41.76	58	$257.14	$197.97
24	$110.18	$41.76	59	$262.64	$205.69
25	$126.32	$47.47	60	$268.10	$213.42
26	$126.32	$53.22	61	$273.58	$221.10
27	$126.32	$58.89	62	$279.08	$228.79
28	$126.32	$64.57	63	$288.14	$243.49
29	$126.32	$70.25	64	$297.28	$258.17
30	$140.57	$75.99	65	$306.43	$272.94
31	$140.57	$75.99	66	$306.43	$272.94
32	$140.57	$75.99	67	$306.43	$272.94
33	$140.57	$75.99	68	$306.43	$272.94
34	$140.57	$75.99	69	$306.43	$272.94

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Tier 1 Copay (Generic)	$10
Tier 2 Copay (Preferred Brands)	$35
Tier 3 Copay (Non-Preferred Brands)	$70

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
15	$36.03	$36.03	43	$91.19	$147.40
16	$36.03	$50.93	44	$91.19	$147.40
17	$36.03	$65.72	45	$91.19	$147.40
18	$41.76	$80.57	46	$91.19	$147.40
19	$41.76	$95.42	47	$100.27	$150.44
20	$41.76	$95.42	48	$109.28	$150.44
21	$41.76	$110.18	49	$118.37	$150.44
22	$41.76	$110.18	50	$125.26	$150.44
23	$41.76	$110.18	51	$132.22	$150.44
24	$41.76	$110.18	52	$139.16	$153.83
25	$41.76	$110.18	53	$146.05	$157.31
26	$41.76	$110.18	54	$152.95	$160.78
27	$47.47	$126.32	55	$160.41	$178.99
28	$53.22	$126.32	56	$167.83	$197.10
29	$58.89	$126.32	57	$175.28	$215.32
30	$64.57	$126.32	58	$182.76	$233.48
31	$70.25	$126.32	59	$190.27	$251.69
32	$75.99	$140.57	60	$197.97	$257.14
33	$75.99	$140.57	61	$211.09	$266.32
34	$75.99	$140.57	62	$225.14	$275.87
35	$75.99	$140.57	63	$240.02	$285.65
36	$75.99	$140.57	64	$255.97	$295.84
37	$91.19	$147.40	65	$272.94	$306.43
38	$91.19	$147.40	66	$272.94	$306.43
39	$91.19	$147.40	67	$272.94	$306.43
40	$91.19	$147.40	68	$272.94	$306.43
41	$91.19	$147.40	69	$272.94	$306.43
42	$91.19	$147.40			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	$41.20	$82.45	$123.63

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO I

Policy Forms: 17-273, et al

Policy Form: Mental Health Parity Rider

	Deductible	$500	$1,000
	In Network Coinsurance	80% / 20%	80% / 20%
	In Network Stop Loss Amount	$10,000	$10,000
	Out of Network Coinsurance	60% / 40%	60% / 40%
Individual	All Ages	$176.05	$155.53
Spouse	All Ages	$158.46	$140.02
One Dependent Child	All Ages	$158.46	$140.02
Two Dependent Children	All Ages	$316.89	$280.03
Three or More Dependent Children	All Ages	$475.36	$420.07

	Deductible	$2,500	$5,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	$135.49	$104.22
Spouse	All Ages	$121.97	$93.77
One Dependent Child	All Ages	$121.97	$93.77
Two Dependent Children	All Ages	$243.88	$187.61
Three or More Dependent Children	All Ages	$365.90	$281.40

	Deductible	$10,000	$15,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	$79.94	$66.74
Spouse	All Ages	$71.98	$60.07
One Dependent Child	All Ages	$71.98	$60.07
Two Dependent Children	All Ages	$143.92	$120.18
Three or More Dependent Children	All Ages	$215.96	$180.28

	Deductible	$20,000	$25,000
	In Network Coinsurance	100% / 0%	100% / 0%
	In Network Stop Loss Amount	Not Applicable	Not Applicable
	Out of Network Coinsurance	80% / 20%	80% / 20%
Individual	All Ages	$60.63	$53.78
Spouse	All Ages	$54.59	$48.42
One Dependent Child	All Ages	$54.59	$48.42
Two Dependent Children	All Ages	$109.09	$96.81
Three or More Dependent Children	All Ages	$163.65	$145.20

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$1,000	$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$265.83	$265.83	35	$406.75	$263.72
1	$265.83	$265.83	36	$419.77	$272.51
2	$265.83	$265.83	37	$432.73	$281.23
3	$265.83	$265.83	38	$445.79	$290.03
4	$265.83	$265.83	39	$458.83	$298.71
5	$265.83	$265.83	40	$471.78	$307.51
6	$265.83	$265.83	41	$486.05	$319.28
7	$265.83	$265.83	42	$500.25	$331.14
8	$265.83	$265.83	43	$514.50	$342.87
9	$265.83	$265.83	44	$528.72	$354.68
10	$265.83	$265.83	45	$542.92	$366.51
11	$265.83	$265.83	46	$546.22	$387.40
12	$265.83	$265.83	47	$549.54	$408.34
13	$265.83	$265.83	48	$552.77	$429.31
14	$265.83	$265.83	49	$556.07	$450.18
15	$265.83	$265.83	50	$594.43	$506.17
16	$265.83	$265.83	51	$616.57	$555.72
17	$265.83	$265.83	52	$637.54	$604.10
18	$265.83	$265.83	53	$658.51	$652.37
19	$238.71	$180.90	54	$676.00	$697.28
20	$250.49	$187.87	55	$693.41	$742.13
21	$262.28	$194.77	56	$714.54	$772.96
22	$274.10	$201.68	57	$740.35	$808.50
23	$285.90	$208.61	58	$766.16	$844.09
24	$297.69	$215.53	59	$791.92	$879.55
25	$310.10	$221.84	60	$817.70	$915.11
26	$313.39	$223.93	61	$854.46	$968.53
27	$316.63	$225.96	62	$891.19	$1,022.00
28	$319.90	$228.03	63	$927.97	$1,075.51
29	$323.19	$230.05	64	$964.67	$1,128.98
30	$326.50	$232.16	65	$1,041.99	$1,241.44
31	$342.55	$238.46	66	$1,041.99	$1,241.44
32	$358.57	$244.77	67	$1,041.99	$1,241.44
33	$374.67	$251.12	68	$1,041.99	$1,241.44
34	$390.69	$257.42	69	$1,041.99	$1,241.44

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$1,500	$3,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$243.49	$243.49	35	$372.90	$241.97
1	$243.49	$243.49	36	$384.89	$250.03
2	$243.49	$243.49	37	$396.79	$258.04
3	$243.49	$243.49	38	$408.70	$266.08
4	$243.49	$243.49	39	$420.71	$274.10
5	$243.49	$243.49	40	$432.61	$282.13
6	$243.49	$243.49	41	$445.67	$292.95
7	$243.49	$243.49	42	$458.71	$303.81
8	$243.49	$243.49	43	$471.77	$314.61
9	$243.49	$243.49	44	$484.83	$325.41
10	$243.49	$243.49	45	$497.84	$336.26
11	$243.49	$243.49	46	$500.84	$355.40
12	$243.49	$243.49	47	$503.87	$374.64
13	$243.49	$243.49	48	$506.96	$393.79
14	$243.49	$243.49	49	$509.91	$412.98
15	$243.49	$243.49	50	$547.98	$467.22
16	$243.49	$243.49	51	$568.34	$512.64
17	$243.49	$243.49	52	$587.49	$556.82
18	$243.49	$243.49	53	$606.54	$601.02
19	$218.73	$165.75	54	$622.24	$641.71
20	$229.56	$172.16	55	$637.82	$682.38
21	$240.38	$178.52	56	$656.79	$710.24
22	$251.18	$184.87	57	$680.43	$742.83
23	$261.98	$191.21	58	$704.10	$775.41
24	$272.83	$197.62	59	$727.70	$807.91
25	$284.17	$203.39	60	$751.35	$840.51
26	$287.22	$205.32	61	$785.04	$889.53
27	$290.25	$207.27	62	$818.65	$938.48
28	$293.25	$209.10	63	$852.31	$987.49
29	$296.35	$211.03	64	$886.02	$1,036.50
30	$299.31	$212.98	65	$957.03	$1,139.67
31	$314.01	$218.75	66	$957.03	$1,139.67
32	$328.76	$224.55	67	$957.03	$1,139.67
33	$343.46	$230.35	68	$957.03	$1,139.67
34	$358.14	$236.12	69	$957.03	$1,139.67

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$2,500	$5,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$207.83	$207.83	35	$318.93	$207.17
1	$207.83	$207.83	36	$329.17	$214.09
2	$207.83	$207.83	37	$339.37	$220.96
3	$207.83	$207.83	38	$349.58	$227.86
4	$207.83	$207.83	39	$359.87	$234.77
5	$207.83	$207.83	40	$370.02	$241.65
6	$207.83	$207.83	41	$381.20	$250.89
7	$207.83	$207.83	42	$392.37	$260.22
8	$207.83	$207.83	43	$403.51	$269.50
9	$207.83	$207.83	44	$414.74	$278.77
10	$207.83	$207.83	45	$425.90	$287.99
11	$207.83	$207.83	46	$428.52	$304.35
12	$207.83	$207.83	47	$431.10	$320.76
13	$207.83	$207.83	48	$433.74	$337.21
14	$207.83	$207.83	49	$436.34	$353.59
15	$207.83	$207.83	50	$474.01	$405.06
16	$207.83	$207.83	51	$491.39	$443.81
17	$207.83	$207.83	52	$507.58	$481.41
18	$207.83	$207.83	53	$523.72	$518.99
19	$186.84	$141.64	54	$536.40	$553.07
20	$196.11	$147.09	55	$549.08	$587.17
21	$205.36	$152.59	56	$564.65	$610.22
22	$214.63	$158.05	57	$584.84	$638.04
23	$223.89	$163.51	58	$605.01	$665.92
24	$233.17	$168.98	59	$625.22	$693.71
25	$242.87	$173.96	60	$645.42	$721.46
26	$245.52	$175.62	61	$674.17	$763.35
27	$248.14	$177.27	62	$702.96	$805.16
28	$250.73	$178.92	63	$731.71	$847.04
29	$253.35	$180.60	64	$760.48	$888.85
30	$255.97	$182.27	65	$821.44	$977.23
31	$268.54	$187.26	66	$821.44	$977.23
32	$281.15	$192.25	67	$821.44	$977.23
33	$293.77	$197.22	68	$821.44	$977.23
34	$306.33	$202.21	69	$821.44	$977.23

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$5,000	$10,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$163.59	$163.59	35	$251.98	$164.08
1	$163.59	$163.59	36	$260.10	$169.55
2	$163.59	$163.59	37	$268.14	$175.04
3	$163.59	$163.59	38	$276.27	$180.51
4	$163.59	$163.59	39	$284.37	$185.95
5	$163.59	$163.59	40	$292.44	$191.45
6	$163.59	$163.59	41	$301.28	$198.80
7	$163.59	$163.59	42	$310.11	$206.10
8	$163.59	$163.59	43	$318.96	$213.45
9	$163.59	$163.59	44	$327.83	$220.78
10	$163.59	$163.59	45	$336.67	$228.20
11	$163.59	$163.59	46	$338.72	$241.10
12	$163.59	$163.59	47	$340.84	$254.06
13	$163.59	$163.59	48	$342.96	$266.99
14	$163.59	$163.59	49	$345.00	$279.98
15	$163.59	$163.59	50	$382.24	$327.98
16	$163.59	$163.59	51	$395.95	$358.53
17	$163.59	$163.59	52	$408.46	$387.89
18	$163.59	$163.59	53	$420.98	$417.26
19	$147.24	$111.72	54	$430.01	$443.18
20	$154.61	$116.04	55	$439.05	$468.94
21	$161.95	$120.44	56	$450.27	$486.19
22	$169.31	$124.79	57	$466.24	$508.11
23	$176.60	$129.14	58	$482.25	$530.08
24	$183.96	$133.51	59	$498.12	$552.00
25	$191.65	$137.43	60	$514.10	$573.91
26	$193.78	$138.81	61	$536.75	$606.89
27	$195.89	$140.17	62	$559.41	$639.86
28	$197.97	$141.50	63	$582.11	$672.82
29	$200.07	$142.86	64	$604.81	$705.83
30	$202.22	$144.21	65	$653.33	$775.83
31	$212.13	$148.21	66	$653.33	$775.83
32	$222.08	$152.21	67	$653.33	$775.83
33	$232.13	$156.15	68	$653.33	$775.83
34	$242.02	$160.11	69	$653.33	$775.83

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$7,500	$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$151.70	$151.70	35	$233.98	$152.53
1	$151.70	$151.70	36	$241.51	$157.60
2	$151.70	$151.70	37	$249.03	$162.69
3	$151.70	$151.70	38	$256.60	$167.78
4	$151.70	$151.70	39	$264.10	$172.84
5	$151.70	$151.70	40	$271.56	$177.96
6	$151.70	$151.70	41	$279.80	$184.79
7	$151.70	$151.70	42	$287.99	$191.64
8	$151.70	$151.70	43	$296.18	$198.46
9	$151.70	$151.70	44	$304.40	$205.21
10	$151.70	$151.70	45	$312.69	$212.10
11	$151.70	$151.70	46	$314.61	$224.04
12	$151.70	$151.70	47	$316.57	$236.10
13	$151.70	$151.70	48	$318.56	$248.14
14	$151.70	$151.70	49	$320.49	$260.18
15	$151.70	$151.70	50	$357.53	$307.28
16	$151.70	$151.70	51	$370.31	$335.60
17	$151.70	$151.70	52	$381.83	$362.73
18	$151.70	$151.70	53	$393.36	$389.88
19	$136.57	$103.70	54	$401.43	$413.55
20	$143.47	$107.76	55	$409.45	$437.18
21	$150.32	$111.80	56	$419.55	$452.88
22	$157.10	$115.81	57	$434.38	$473.24
23	$163.91	$119.86	58	$449.18	$493.58
24	$170.75	$123.93	59	$463.96	$513.91
25	$177.93	$127.62	60	$478.80	$534.28
26	$179.89	$128.92	61	$499.79	$564.83
27	$181.83	$130.20	62	$520.81	$595.40
28	$183.79	$131.48	63	$541.91	$626.01
29	$185.76	$132.76	64	$562.95	$656.60
30	$187.72	$134.05	65	$608.08	$721.79
31	$196.99	$137.65	66	$608.08	$721.79
32	$206.28	$141.41	67	$608.08	$721.79
33	$215.52	$145.09	68	$608.08	$721.79
34	$224.75	$148.82	69	$608.08	$721.79

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$10,000	$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$135.56	$135.56	35	$209.50	$136.72
1	$135.56	$135.56	36	$216.27	$141.33
2	$135.56	$135.56	37	$222.95	$145.88
3	$135.56	$135.56	38	$229.76	$150.47
4	$135.56	$135.56	39	$236.50	$155.03
5	$135.56	$135.56	40	$243.25	$159.61
6	$135.56	$135.56	41	$250.59	$165.71
7	$135.56	$135.56	42	$257.95	$171.86
8	$135.56	$135.56	43	$265.28	$177.96
9	$135.56	$135.56	44	$272.65	$184.08
10	$135.56	$135.56	45	$280.00	$190.22
11	$135.56	$135.56	46	$281.80	$200.92
12	$135.56	$135.56	47	$283.57	$211.70
13	$135.56	$135.56	48	$285.39	$222.48
14	$135.56	$135.56	49	$287.16	$233.27
15	$135.56	$135.56	50	$323.96	$279.08
16	$135.56	$135.56	51	$335.40	$304.40
17	$135.56	$135.56	52	$345.60	$328.58
18	$135.56	$135.56	53	$355.79	$352.71
19	$122.19	$92.74	54	$362.49	$373.36
20	$128.28	$96.43	55	$369.23	$393.97
21	$134.42	$100.01	56	$377.79	$407.55
22	$140.54	$103.67	57	$391.06	$425.71
23	$146.66	$107.30	58	$404.31	$443.93
24	$152.78	$110.97	59	$417.52	$462.09
25	$159.23	$114.29	60	$430.77	$480.31
26	$161.02	$115.42	61	$449.55	$507.69
27	$162.78	$116.63	62	$468.36	$534.95
28	$164.52	$117.74	63	$487.27	$562.34
29	$166.30	$118.94	64	$506.02	$589.64
30	$168.09	$120.10	65	$546.63	$648.14
31	$176.33	$123.41	66	$546.63	$648.14
32	$184.68	$126.80	67	$546.63	$648.14
33	$192.94	$130.08	68	$546.63	$648.14
34	$201.23	$133.37	69	$546.63	$648.14

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$15,000	$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$114.13	$114.13	35	$177.14	$115.90
1	$114.13	$114.13	36	$182.86	$119.80
2	$114.13	$114.13	37	$188.57	$123.63
3	$114.13	$114.13	38	$194.27	$127.55
4	$114.13	$114.13	39	$199.96	$131.48
5	$114.13	$114.13	40	$205.68	$135.30
6	$114.13	$114.13	41	$211.93	$140.47
7	$114.13	$114.13	42	$218.14	$145.67
8	$114.13	$114.13	43	$224.39	$150.84
9	$114.13	$114.13	44	$230.62	$156.09
10	$114.13	$114.13	45	$236.83	$161.26
11	$114.13	$114.13	46	$238.29	$170.37
12	$114.13	$114.13	47	$239.89	$179.42
13	$114.13	$114.13	48	$241.46	$188.57
14	$114.13	$114.13	49	$242.95	$197.58
15	$114.13	$114.13	50	$279.64	$241.77
16	$114.13	$114.13	51	$289.19	$263.14
17	$114.13	$114.13	52	$297.65	$283.31
18	$114.13	$114.13	53	$306.06	$303.47
19	$103.00	$78.26	54	$311.06	$320.16
20	$108.21	$81.35	55	$315.97	$336.83
21	$113.40	$84.50	56	$322.47	$347.52
22	$118.58	$87.57	57	$333.63	$362.83
23	$123.80	$90.68	58	$344.84	$378.23
24	$128.96	$93.77	59	$356.00	$393.54
25	$134.40	$96.60	60	$367.21	$408.89
26	$135.93	$97.60	61	$383.09	$431.96
27	$137.50	$98.67	62	$398.95	$455.03
28	$139.04	$99.64	63	$414.83	$478.00
29	$140.57	$100.65	64	$430.68	$501.09
30	$142.11	$101.73	65	$465.29	$550.69
31	$149.06	$104.56	66	$465.29	$550.69
32	$156.10	$107.35	67	$465.29	$550.69
33	$163.16	$110.21	68	$465.29	$550.69
34	$170.13	$113.04	69	$465.29	$550.69

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$20,000	$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$101.33	$101.33	35	$157.70	$103.41
1	$101.33	$101.33	36	$162.83	$106.90
2	$101.33	$101.33	37	$167.88	$110.31
3	$101.33	$101.33	38	$173.00	$113.78
4	$101.33	$101.33	39	$178.09	$117.28
5	$101.33	$101.33	40	$183.15	$120.72
6	$101.33	$101.33	41	$188.73	$125.37
7	$101.33	$101.33	42	$194.27	$130.01
8	$101.33	$101.33	43	$199.81	$134.58
9	$101.33	$101.33	44	$205.36	$139.23
10	$101.33	$101.33	45	$210.93	$143.90
11	$101.33	$101.33	46	$212.29	$151.98
12	$101.33	$101.33	47	$213.66	$160.06
13	$101.33	$101.33	48	$215.07	$168.15
14	$101.33	$101.33	49	$216.46	$176.23
15	$101.33	$101.33	50	$252.95	$219.42
16	$101.33	$101.33	51	$261.53	$238.42
17	$101.33	$101.33	52	$268.91	$256.15
18	$101.33	$101.33	53	$276.27	$273.95
19	$91.55	$69.55	54	$280.16	$288.26
20	$96.17	$72.36	55	$284.05	$302.54
21	$100.81	$75.14	56	$289.31	$311.51
22	$105.41	$77.93	57	$299.24	$325.13
23	$110.01	$80.69	58	$309.20	$338.84
24	$114.67	$83.51	59	$319.15	$352.45
25	$119.50	$85.99	60	$329.08	$366.04
26	$120.92	$86.96	61	$343.21	$386.56
27	$122.30	$87.87	62	$357.24	$406.99
28	$123.67	$88.81	63	$371.41	$427.44
29	$125.09	$89.72	64	$385.53	$447.94
30	$126.47	$90.68	65	$416.45	$492.22
31	$132.76	$93.20	66	$416.45	$492.22
32	$138.97	$95.74	67	$416.45	$492.22
33	$145.20	$98.29	68	$416.45	$492.22
34	$151.45	$100.81	69	$416.45	$492.22

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$25,000	$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Primary Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Female	Male	Attained Age	Female	Male
0	$91.32	$91.32	35	$142.58	$93.65
1	$91.32	$91.32	36	$147.23	$96.81
2	$91.32	$91.32	37	$151.81	$99.93
3	$91.32	$91.32	38	$156.39	$103.10
4	$91.32	$91.32	39	$161.05	$106.22
5	$91.32	$91.32	40	$165.68	$109.34
6	$91.32	$91.32	41	$170.66	$113.59
7	$91.32	$91.32	42	$175.66	$117.77
8	$91.32	$91.32	43	$180.70	$121.97
9	$91.32	$91.32	44	$185.74	$126.17
10	$91.32	$91.32	45	$190.78	$130.40
11	$91.32	$91.32	46	$192.03	$137.63
12	$91.32	$91.32	47	$193.30	$144.97
13	$91.32	$91.32	48	$194.59	$152.29
14	$91.32	$91.32	49	$195.85	$159.61
15	$91.32	$91.32	50	$232.18	$202.02
16	$91.32	$91.32	51	$239.95	$219.14
17	$91.32	$91.32	52	$246.52	$235.06
18	$91.32	$91.32	53	$253.05	$250.99
19	$82.64	$62.83	54	$256.13	$263.43
20	$86.85	$65.36	55	$259.19	$275.87
21	$91.01	$67.88	56	$263.48	$283.46
22	$95.16	$70.40	57	$272.49	$295.82
23	$99.38	$72.90	58	$281.45	$308.14
24	$103.59	$75.44	59	$290.45	$320.42
25	$107.97	$77.77	60	$299.42	$332.72
26	$109.26	$78.62	61	$312.14	$351.24
27	$110.51	$79.51	62	$324.84	$369.65
28	$111.80	$80.33	63	$337.60	$388.13
29	$113.09	$81.20	64	$350.38	$406.57
30	$114.34	$82.07	65	$378.44	$446.71
31	$120.04	$84.40	66	$378.44	$446.71
32	$125.64	$86.75	67	$378.44	$446.71
33	$131.30	$89.04	68	$378.44	$446.71
34	$136.92	$91.32	69	$378.44	$446.71

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$1,000	$2,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$180.90	$238.71	45	$366.51	$542.92
20	$187.87	$250.49	46	$387.40	$546.22
21	$194.77	$262.28	47	$408.34	$549.54
22	$201.68	$274.10	48	$429.31	$552.77
23	$208.61	$285.90	49	$450.18	$556.07
24	$215.53	$297.69	50	$506.17	$594.43
25	$221.84	$310.10	51	$555.72	$616.57
26	$223.93	$313.39	52	$604.10	$637.54
27	$225.96	$316.63	53	$652.37	$658.51
28	$228.03	$319.90	54	$697.28	$676.00
29	$230.05	$323.19	55	$742.13	$693.41
30	$232.16	$326.50	56	$772.96	$714.54
31	$238.46	$342.55	57	$808.50	$740.35
32	$244.77	$358.57	58	$844.09	$766.16
33	$251.12	$374.67	59	$879.55	$791.92
34	$257.42	$390.69	60	$915.11	$817.70
35	$263.72	$406.75	61	$968.53	$854.46
36	$272.51	$419.77	62	$1,022.00	$891.19
37	$281.23	$432.73	63	$1,075.51	$927.97
38	$290.03	$445.79	64	$1,128.98	$964.67
39	$298.71	$458.83	65	$1,241.44	$1,041.99
40	$307.51	$471.78	66	$1,241.44	$1,041.99
41	$319.28	$486.05	67	$1,241.44	$1,041.99
42	$331.14	$500.25	68	$1,241.44	$1,041.99
43	$342.87	$514.50	69	$1,241.44	$1,041.99
44	$354.68	$528.72			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$1,500	$3,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$165.75	$218.73	45	$336.26	$497.84
20	$172.16	$229.56	46	$355.40	$500.84
21	$178.52	$240.38	47	$374.64	$503.87
22	$184.87	$251.18	48	$393.79	$506.96
23	$191.21	$261.98	49	$412.98	$509.91
24	$197.62	$272.83	50	$467.22	$547.98
25	$203.39	$284.17	51	$512.64	$568.34
26	$205.32	$287.22	52	$556.82	$587.49
27	$207.27	$290.25	53	$601.02	$606.54
28	$209.10	$293.25	54	$641.71	$622.24
29	$211.03	$296.35	55	$682.38	$637.82
30	$212.98	$299.31	56	$710.24	$656.79
31	$218.75	$314.01	57	$742.83	$680.43
32	$224.55	$328.76	58	$775.41	$704.10
33	$230.35	$343.46	59	$807.91	$727.70
34	$236.12	$358.14	60	$840.51	$751.35
35	$241.97	$372.90	61	$889.53	$785.04
36	$250.03	$384.89	62	$938.48	$818.65
37	$258.04	$396.79	63	$987.49	$852.31
38	$266.08	$408.70	64	$1,036.50	$886.02
39	$274.10	$420.71	65	$1,139.67	$957.03
40	$282.13	$432.61	66	$1,139.67	$957.03
41	$292.95	$445.67	67	$1,139.67	$957.03
42	$303.81	$458.71	68	$1,139.67	$957.03
43	$314.61	$471.77	69	$1,139.67	$957.03
44	$325.41	$484.83			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$2,500	$5,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$141.64	$186.84	45	$287.99	$425.90
20	$147.09	$196.11	46	$304.35	$428.52
21	$152.59	$205.36	47	$320.76	$431.10
22	$158.05	$214.63	48	$337.21	$433.74
23	$163.51	$223.89	49	$353.59	$436.34
24	$168.98	$233.17	50	$405.06	$474.01
25	$173.96	$242.87	51	$443.81	$491.39
26	$175.62	$245.52	52	$481.41	$507.58
27	$177.27	$248.14	53	$518.99	$523.72
28	$178.92	$250.73	54	$553.07	$536.40
29	$180.60	$253.35	55	$587.17	$549.08
30	$182.27	$255.97	56	$610.22	$564.65
31	$187.26	$268.54	57	$638.04	$584.84
32	$192.25	$281.15	58	$665.92	$605.01
33	$197.22	$293.77	59	$693.71	$625.22
34	$202.21	$306.33	60	$721.46	$645.42
35	$207.17	$318.93	61	$763.35	$674.17
36	$214.09	$329.17	62	$805.16	$702.96
37	$220.96	$339.37	63	$847.04	$731.71
38	$227.86	$349.58	64	$888.85	$760.48
39	$234.77	$359.87	65	$977.23	$821.44
40	$241.65	$370.02	66	$977.23	$821.44
41	$250.89	$381.20	67	$977.23	$821.44
42	$260.22	$392.37	68	$977.23	$821.44
43	$269.50	$403.51	69	$977.23	$821.44
44	$278.77	$414.74			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$5,000	$10,000
Coinsurance	80%/20%	60%/40%
Stop Loss Amount	$10,000	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$111.72	$147.24	45	$228.20	$336.67
20	$116.04	$154.61	46	$241.10	$338.72
21	$120.44	$161.95	47	$254.06	$340.84
22	$124.79	$169.31	48	$266.99	$342.96
23	$129.14	$176.60	49	$279.98	$345.00
24	$133.51	$183.96	50	$327.98	$382.24
25	$137.43	$191.65	51	$358.53	$395.95
26	$138.81	$193.78	52	$387.89	$408.46
27	$140.17	$195.89	53	$417.26	$420.98
28	$141.50	$197.97	54	$443.18	$430.01
29	$142.86	$200.07	55	$468.94	$439.05
30	$144.21	$202.22	56	$486.19	$450.27
31	$148.21	$212.13	57	$508.11	$466.24
32	$152.21	$222.08	58	$530.08	$482.25
33	$156.15	$232.13	59	$552.00	$498.12
34	$160.11	$242.02	60	$573.91	$514.10
35	$164.08	$251.98	61	$606.89	$536.75
36	$169.55	$260.10	62	$639.86	$559.41
37	$175.04	$268.14	63	$672.82	$582.11
38	$180.51	$276.27	64	$705.83	$604.81
39	$185.95	$284.37	65	$775.83	$653.33
40	$191.45	$292.44	66	$775.83	$653.33
41	$198.80	$301.28	67	$775.83	$653.33
42	$206.10	$310.11	68	$775.83	$653.33
43	$213.45	$318.96	69	$775.83	$653.33
44	$220.78	$327.83			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$7,500	$15,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$103.70	$136.57	45	$212.10	$312.69
20	$107.76	$143.47	46	$224.04	$314.61
21	$111.80	$150.32	47	$236.10	$316.57
22	$115.81	$157.10	48	$248.14	$318.56
23	$119.86	$163.91	49	$260.18	$320.49
24	$123.93	$170.75	50	$307.28	$357.53
25	$127.62	$177.93	51	$335.60	$370.31
26	$128.92	$179.89	52	$362.73	$381.83
27	$130.20	$181.83	53	$389.88	$393.36
28	$131.48	$183.79	54	$413.55	$401.43
29	$132.76	$185.76	55	$437.18	$409.45
30	$134.05	$187.72	56	$452.88	$419.55
31	$137.65	$196.99	57	$473.24	$434.38
32	$141.41	$206.28	58	$493.58	$449.18
33	$145.09	$215.52	59	$513.91	$463.96
34	$148.82	$224.75	60	$534.28	$478.80
35	$152.53	$233.98	61	$564.83	$499.79
36	$157.60	$241.51	62	$595.40	$520.81
37	$162.69	$249.03	63	$626.01	$541.91
38	$167.78	$256.60	64	$656.60	$562.95
39	$172.84	$264.10	65	$721.79	$608.08
40	$177.96	$271.56	66	$721.79	$608.08
41	$184.79	$279.80	67	$721.79	$608.08
42	$191.64	$287.99	68	$721.79	$608.08
43	$198.46	$296.18	69	$721.79	$608.08
44	$205.21	$304.40			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$10,000	$20,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$92.74	$122.19	45	$190.22	$280.00
20	$96.43	$128.28	46	$200.92	$281.80
21	$100.01	$134.42	47	$211.70	$283.57
22	$103.67	$140.54	48	$222.48	$285.39
23	$107.30	$146.66	49	$233.27	$287.16
24	$110.97	$152.78	50	$279.08	$323.96
25	$114.29	$159.23	51	$304.40	$335.40
26	$115.42	$161.02	52	$328.58	$345.60
27	$116.63	$162.78	53	$352.71	$355.79
28	$117.74	$164.52	54	$373.36	$362.49
29	$118.94	$166.30	55	$393.97	$369.23
30	$120.10	$168.09	56	$407.55	$377.79
31	$123.41	$176.33	57	$425.71	$391.06
32	$126.80	$184.68	58	$443.93	$404.31
33	$130.08	$192.94	59	$462.09	$417.52
34	$133.37	$201.23	60	$480.31	$430.77
35	$136.72	$209.50	61	$507.69	$449.55
36	$141.33	$216.27	62	$534.95	$468.36
37	$145.88	$222.95	63	$562.34	$487.27
38	$150.47	$229.76	64	$589.64	$506.02
39	$155.03	$236.50	65	$648.14	$546.63
40	$159.61	$243.25	66	$648.14	$546.63
41	$165.71	$250.59	67	$648.14	$546.63
42	$171.86	$257.95	68	$648.14	$546.63
43	$177.96	$265.28	69	$648.14	$546.63
44	$184.08	$272.65			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$15,000	$30,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$78.26	$103.00	45	$161.26	$236.83
20	$81.35	$108.21	46	$170.37	$238.29
21	$84.50	$113.40	47	$179.42	$239.89
22	$87.57	$118.58	48	$188.57	$241.46
23	$90.68	$123.80	49	$197.58	$242.95
24	$93.77	$128.96	50	$241.77	$279.64
25	$96.60	$134.40	51	$263.14	$289.19
26	$97.60	$135.93	52	$283.31	$297.65
27	$98.67	$137.50	53	$303.47	$306.06
28	$99.64	$139.04	54	$320.16	$311.06
29	$100.65	$140.57	55	$336.83	$315.97
30	$101.73	$142.11	56	$347.52	$322.47
31	$104.56	$149.06	57	$362.83	$333.63
32	$107.35	$156.10	58	$378.23	$344.84
33	$110.21	$163.16	59	$393.54	$356.00
34	$113.04	$170.13	60	$408.89	$367.21
35	$115.90	$177.14	61	$431.96	$383.09
36	$119.80	$182.86	62	$455.03	$398.95
37	$123.63	$188.57	63	$478.00	$414.83
38	$127.55	$194.27	64	$501.09	$430.68
39	$131.48	$199.96	65	$550.69	$465.29
40	$135.30	$205.68	66	$550.69	$465.29
41	$140.47	$211.93	67	$550.69	$465.29
42	$145.67	$218.14	68	$550.69	$465.29
43	$150.84	$224.39	69	$550.69	$465.29
44	$156.09	$230.62			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$20,000	$40,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$69.55	$91.55	45	$143.90	$210.93
20	$72.36	$96.17	46	$151.98	$212.29
21	$75.14	$100.81	47	$160.06	$213.66
22	$77.93	$105.41	48	$168.15	$215.07
23	$80.69	$110.01	49	$176.23	$216.46
24	$83.51	$114.67	50	$219.42	$252.95
25	$85.99	$119.50	51	$238.42	$261.53
26	$86.96	$120.92	52	$256.15	$268.91
27	$87.87	$122.30	53	$273.95	$276.27
28	$88.81	$123.67	54	$288.26	$280.16
29	$89.72	$125.09	55	$302.54	$284.05
30	$90.68	$126.47	56	$311.51	$289.31
31	$93.20	$132.76	57	$325.13	$299.24
32	$95.74	$138.97	58	$338.84	$309.20
33	$98.29	$145.20	59	$352.45	$319.15
34	$100.81	$151.45	60	$366.04	$329.08
35	$103.41	$157.70	61	$386.56	$343.21
36	$106.90	$162.83	62	$406.99	$357.24
37	$110.31	$167.88	63	$427.44	$371.41
38	$113.78	$173.00	64	$447.94	$385.53
39	$117.28	$178.09	65	$492.22	$416.45
40	$120.72	$183.15	66	$492.22	$416.45
41	$125.37	$188.73	67	$492.22	$416.45
42	$130.01	$194.27	68	$492.22	$416.45
43	$134.58	$199.81	69	$492.22	$416.45
44	$139.23	$205.36			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

	In Network	Out of Network
Deductible	$25,000	$50,000
Coinsurance	100%/0%	80%/20%
Stop Loss Amount	Not Applicable	No Max

Spouse Insured Medical Coverage Monthly Bank Draft Premiums

Attained Age	Primary is Female	Primary is Male	Attained Age	Primary is Female	Primary is Male
19	$62.83	$82.64	45	$130.40	$190.78
20	$65.36	$86.85	46	$137.63	$192.03
21	$67.88	$91.01	47	$144.97	$193.30
22	$70.40	$95.16	48	$152.29	$194.59
23	$72.90	$99.38	49	$159.61	$195.85
24	$75.44	$103.59	50	$202.02	$232.18
25	$77.77	$107.97	51	$219.14	$239.95
26	$78.62	$109.26	52	$235.06	$246.52
27	$79.51	$110.51	53	$250.99	$253.05
28	$80.33	$111.80	54	$263.43	$256.13
29	$81.20	$113.09	55	$275.87	$259.19
30	$82.07	$114.34	56	$283.46	$263.48
31	$84.40	$120.04	57	$295.82	$272.49
32	$86.75	$125.64	58	$308.14	$281.45
33	$89.04	$131.30	59	$320.42	$290.45
34	$91.32	$136.92	60	$332.72	$299.42
35	$93.65	$142.58	61	$351.24	$312.14
36	$96.81	$147.23	62	$369.65	$324.84
37	$99.93	$151.81	63	$388.13	$337.60
38	$103.10	$156.39	64	$406.57	$350.38
39	$106.22	$161.05	65	$446.71	$378.44
40	$109.34	$165.68	66	$446.71	$378.44
41	$113.59	$170.66	67	$446.71	$378.44
42	$117.77	$175.66	68	$446.71	$378.44
43	$121.97	$180.70	69	$446.71	$378.44
44	$126.17	$185.74			

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

Dependent Child(ren) Insured Medical Coverage Monthly Bank Draft Premiums (All Eligible)

Deductible	In Network Coinsurance	In Network Stop Loss Amount	Out of Network Coinsurance	One Child	Two Children	All (3+) Children
$1,000	80% / 20%	$10,000	60% / 40%	$265.83	$531.71	$797.52
$1,500	80% / 20%	$10,000	60% / 40%	$243.49	$487.01	$730.50
$2,500	80% / 20%	$10,000	60% / 40%	$207.83	$415.66	$623.52
$5,000	80% / 20%	$10,000	60% / 40%	$163.59	$327.21	$490.78
$7,500	100% / 0%	Not Applicable	80% / 20%	$151.70	$303.41	$455.09
$10,000	100% / 0%	Not Applicable	80% / 20%	$135.56	$271.06	$406.63
$15,000	100% / 0%	Not Applicable	80% / 20%	$114.13	$228.29	$342.40
$20,000	100% / 0%	Not Applicable	80% / 20%	$101.33	$202.61	$303.92
$25,000	100% / 0%	Not Applicable	80% / 20%	$91.32	$182.61	$273.91

Maternity Rider Coverage Monthly Bank Draft Premiums (All Eligible)

Deductible	In Network Coinsurance	In Network Stop Loss Amount	Out of Network Coinsurance	Maternity Rider
$1,000	80% / 20%	No Limit	60% / 40%	$385.84
$1,500	80% / 20%	No Limit	60% / 40%	$364.79
$2,500	80% / 20%	No Limit	60% / 40%	$343.77
$5,000	80% / 20%	No Limit	60% / 40%	$294.62
$7,500	100% / 0%	Not Applicable	80% / 20%	$175.40
$10,000	100% / 0%	Not Applicable	80% / 20%	$122.77
$15,000	100% / 0%	Not Applicable	80% / 20%	$87.70
$20,000	100% / 0%	Not Applicable	80% / 20%	$70.15
$25,000	100% / 0%	Not Applicable	80% / 20%	$52.64

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

Primary Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Generic Copay	$10
Non-Generics Deductible	$500
Non-Generics Coinsurance	80% / 20%
Non-Generics Stop Loss Amount Per Script	$250

Attained Age	Female	Male	Attained Age	Female	Male
0	$32.36	$32.36	35	$88.84	$54.96
1	$32.36	$32.36	36	$88.84	$54.96
2	$32.36	$32.36	37	$88.84	$54.96
3	$32.36	$32.36	38	$88.84	$54.96
4	$32.36	$32.36	39	$88.84	$54.96
5	$32.36	$32.36	40	$88.84	$54.96
6	$32.36	$32.36	41	$88.84	$54.96
7	$32.36	$32.36	42	$88.84	$54.96
8	$32.36	$32.36	43	$88.84	$54.96
9	$32.36	$32.36	44	$88.84	$54.96
10	$32.36	$32.36	45	$90.68	$60.45
11	$32.36	$32.36	46	$90.68	$65.91
12	$32.36	$32.36	47	$90.68	$71.33
13	$32.36	$32.36	48	$91.95	$75.55
14	$32.36	$32.36	49	$93.20	$79.72
15	$32.36	$32.36	50	$94.47	$83.85
16	$32.36	$32.36	51	$95.70	$88.05
17	$32.36	$32.36	52	$96.93	$92.15
18	$32.36	$32.36	53	$107.87	$96.68
19	$57.53	$25.22	54	$118.78	$101.15
20	$66.39	$25.22	55	$129.75	$105.64
21	$66.39	$25.22	56	$140.66	$110.13
22	$66.39	$25.22	57	$151.70	$114.67
23	$66.39	$25.22	58	$155.01	$119.33
24	$66.39	$25.22	59	$158.33	$124.00
25	$76.17	$28.63	60	$161.62	$128.59
26	$76.17	$32.07	61	$164.86	$133.24
27	$76.17	$35.45	62	$168.26	$137.94
28	$76.17	$38.91	63	$173.67	$146.81
29	$76.17	$42.35	64	$179.20	$155.70
30	$84.73	$45.81	65	$184.68	$164.52
31	$84.73	$45.81	66	$184.68	$164.52
32	$84.73	$45.81	67	$184.68	$164.52
33	$84.73	$45.81	68	$184.68	$164.52
34	$84.73	$45.81	69	$184.68	$164.52

Arkansas Blue Cross and Blue Shield
Proposed Monthly Bank Draft Rates
Effective as of January 1, 2026

Comprehensive Blue PPO III

Policy Forms: 17-276, et al

Spouse Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Generic Copay	$10
Non-Generics Deductible	$500
Non-Generics Coinsurance	80% / 20%
Non-Generics Stop Loss Amount Per Script	$250

Attained Age of Primary	Primary is Female	Primary is Male	Attained Age of Primary	Primary is Female	Primary is Male
19	$25.22	$57.53	45	$60.45	$90.68
20	$25.22	$66.39	46	$65.91	$90.68
21	$25.22	$66.39	47	$71.33	$90.68
22	$25.22	$66.39	48	$75.55	$91.95
23	$25.22	$66.39	49	$79.72	$93.20
24	$25.22	$66.39	50	$83.85	$94.47
25	$28.63	$76.17	51	$88.05	$95.70
26	$32.07	$76.17	52	$92.15	$96.93
27	$35.45	$76.17	53	$96.68	$107.87
28	$38.91	$76.17	54	$101.15	$118.78
29	$42.35	$76.17	55	$105.64	$129.75
30	$45.81	$84.73	56	$110.13	$140.66
31	$45.81	$84.73	57	$114.67	$151.70
32	$45.81	$84.73	58	$119.33	$155.01
33	$45.81	$84.73	59	$124.00	$158.33
34	$45.81	$84.73	60	$128.59	$161.62
35	$54.96	$88.84	61	$133.24	$164.86
36	$54.96	$88.84	62	$137.94	$168.26
37	$54.96	$88.84	63	$146.81	$173.67
38	$54.96	$88.84	64	$155.70	$179.20
39	$54.96	$88.84	65	$164.52	$184.68
40	$54.96	$88.84	66	$164.52	$184.68
41	$54.96	$88.84	67	$164.52	$184.68
42	$54.96	$88.84	68	$164.52	$184.68
43	$54.96	$88.84	69	$164.52	$184.68
44	$54.96	$88.84			

Dependent Child(ren) Insured Prescription Drug Coverage Monthly Bank Draft Premiums

Attained Age	One Child	Two Children	All (3+) Children
All Eligible	$32.36	$64.65	$97.04